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Submitted by

Ellen Dixon Hilles

(A. B. , Mount Holyoke College, 1946)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

1948

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CHAPTER I

INTRODUCTION

August, 1945¹ -- the end of World War II has already become past history; one begins to feel even a bit uncertain about the exact month in which hostilities ended. Many of us have completely forgotten the words of General Bradley which came one year after the end of the war: "The shooting war may be over but the suffering isn't."² Perhaps one of the reasons for our memories becoming dimmed so soon is that most Americans, unlike many of the rest of the world's people who were involved in World War II, are not still continually so vividly reminded of the physical effects of war. Materially and physically, as individuals as well as nationally, we in America are at a great advantage. Of the approximately 15,000,000³ men who returned from military service to civilian life, ninety per cent came home without any battle scars.⁴ However, looking at things from another point of view, we find that forty-three per cent of America's

1 VE-Day was May 10, 1945 and VJ-Day, September 2, 1945, although the war was over August, 1945.

2 Omar N. Bradley, remarks in a nationwide broadcast, August 16, 1946 -- Cited in William C. Menninger, Psychiatry in a Troubled World, p. 363.

3 Menninger, op. cit., p. 363.

4 Ibid., p. 365.

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³ Menninger, op. cit., p. 363.

⁴ Ibid., p. 363.

families count among their members a veteran.⁵ Advantageous as is America's position,

War preparedness and war itself are not everyday events in the life of the average American family, and we have developed no truly relevant way of coping with the kind of situations war may precipitate in the family group.⁶

More than this, we are perhaps just beginning to realize the truth in S. J. Beck's prophesy in 1943:

The present social upheavals, the widespread disturbances in family life and the many personality conflicts and distortions will not cease when the fighting stops. The underlying cultural changes affecting marriage, the family and children, and the impacts of these changes upon personality development will continue. They will bring new problems for the individual and for society, and especially for professional organizations concerned with human relations.⁷

Perhaps it is not too early to look into some of the implications in America of Anna Freud's and Dorothy Burlingham's statement that, "War conditions, through the inevitable breaking up of family life, deprive children of the natural background for their emotional and mental development."⁸

5 Bradley Buell and Marion Robinson, "Whither Family Life-Shock Absorber of Social Change," Survey Midmonthly, 82:322, December, 1946.

6 Adelaide K. Zitello, "The Impact of the War on Family Life - Mother-Son Relationships," The Family, 23:257 November, 1942.

7 S. J. Beck, "Problems of a War Time Society - The Modification of Pre-War Patterns," The American Journal of Orthopsychiatry, 13:596, October, 1943.

8 Anna Freud and Dorothy T. Burlingham, War and Children, p. 11.

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6 Adelaide K. Liefello, "The Impact of the War on Family Life - Mother-Son Relationships," The Family, 23:227, November, 1942.

7 S. J. Beck, "Problems of a War Time Society - The Modification of Pre-War Patterns," The American Journal of Orthopsychiatry, 13:266, October, 1943.

8 Anna Freud and Dorothy T. Burlingham, War and Children, p. 11.

Thus, one of the main purposes of this thesis shall be to discover what was the effect upon the child of some of the disruptions of family life brought on by the war. More specifically, the thesis will study the effects of the father's movement, that is, his leaving the family to enter the service, his absence from the family, and his return to the family, upon the child. The thesis will also attempt to show the indirect effects of the father's movement upon the child. That is, it will study: the effect of the father's movement upon the mother-child relationship; the effect of various changes in the family situation,⁹ caused by or coinciding with the father's movement, upon the child. The thesis will also seek to discover whether the child had reacted with various behavior problems before the war. Finally, the thesis will study the effect which contact with the Habit Clinic had upon the situation.

The study is based on the records of sixty-six children referred to the Habit Clinic for Child Guidance, Incorporated from December, 1941 through February, 1948. These sixty-six children composed the group of children referred to the Habit Clinic whose fathers were in the service during World War II. The dates of this study were November, 1947 through May, 1948. Eighteen of the children were being

⁹ Changes in the family situation means specifically: family moving, family living with relatives, mother working, birth of sibling.

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TABLE I

DISTRIBUTION OF CHILDREN OF SERVICEMEN ACCORDING
TO DATES REFERRED TO THE HABIT CLINIC

Referral Dates		No. of Children
June 1941 - December 1941		1
January 1942 - May 1942		0
June 1942 - December 1942		2
January 1943 - May 1943		0
June 1943 - December 1943		2
January 1944 - May 1944		2
June 1944 - December 1944		6
January 1945 - May 1945		9
June 1945 - December 1945		8
January 1946 - May 1946		7
June 1946 - December 1946		7
January 1947 - May 1947		8
June 1947 - December 1947		11
January 1948 - May 1948		3
Total no. of children		66

under care: the Clinic and show the length of time the children were according to the dates on which the children were referred to give a picture of the fluctuation in the number of referrals were still under treatment at the Clinic. The following tables at the end of the time of the study, eleven of the children studied and treated at the Habit Clinic during this time, and

TABLE I
DISTRIBUTION OF CHILDREN OF SERVICEMEN ACCORDING
TO DATES REFERRED TO THE HABIT CLINIC

Referral Dates		No. of Children
January 1948 - May 1948	3	1
June 1947 - December 1947	11	0
January 1947 - May 1947	8	2
June 1946 - December 1946	7	0
January 1946 - May 1946	7	2
June 1945 - December 1945	8	2
January 1945 - May 1945	9	2
June 1944 - December 1944	8	2
January 1944 - May 1944	8	2
June 1943 - December 1943	3	2
January 1943 - May 1943	0	0
June 1942 - December 1942	2	0
January 1942 - May 1942	0	0
June 1941 - December 1941	1	0
Total no. of children		66

TABLE II

DISTRIBUTION OF CHILDREN OF SERVICEMEN
ACCORDING TO LENGTH OF HABIT CLINIC CONTACT*

No. of Months Active	No. of Children
0 - 5 mos.	16
6 - 11 mos.	12
12 - 17 mos.	10
18 - 23 mos.	3
24 - 29 mos.	0
30 - 35 mos.	1
Total no. of children	42

*Those cases which were still active at the end of the time of this study and those cases which had been known at one time and had re-applied later were not included in this table.

In this group of sixty-six children, there were five cases where two children in the same family were referred to the Clinic; however, in only three of these cases were both children felt to be in need of treatment. The following tables give a further picture of the background information about the total group of children studied:

TABLE II
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No. of Months Active	No. of Children
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12 - 17 mos.	10
18 - 23 mos.	3
24 - 29 mos.	0
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TABLE III

DISTRIBUTION OF CHILDREN OF SERVICEMEN ACCORDING TO SEX
AND AGE AT THE TIME OF REFERRAL TO THE HABIT CLINIC

Ages of the children	No. of boys	No. of girls
3 yrs. - 4 yrs. 11 mos.	6	3
5 yrs. - 6 yrs. 11 mos.	14	8
7 yrs. - 8 yrs. 11 mos.	16	5
9 yrs. - 10 yrs. 11 mos.	7	3
11 yrs. - 12 yrs. 11 mos.	<u>2</u>	<u>2</u>
Total no. of children	45	21

TABLE IV

DISTRIBUTION OF CHILDREN OF SERVICEMEN ACCORDING TO THE
RELATIONSHIP BETWEEN THE TIME OF HABIT CLINIC CONTACT
AND THE END OF THE WAR (8/45)

Time of Clinic contact	No. of children
Known before 8/45	8
Known before and after 8/45	18
Known after 8/45	<u>40</u>
Total no. of children	66

TABLE III

DISTRIBUTION OF CHILDREN OF SERVICEMEN ACCORDING TO SEX
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Ages of the children		No. of boys	No. of girls
3 yrs. - 4 yrs.	11 mos.	8	3
5 yrs. - 6 yrs.	11 mos.	14	8
7 yrs. - 8 yrs.	11 mos.	18	5
9 yrs. - 10 yrs.	11 mos.	7	3
11 yrs. - 12 yrs.	11 mos.	3	3
Total no. of children		48	21

TABLE IV

DISTRIBUTION OF CHILDREN OF SERVICEMEN ACCORDING TO THE
RELATIONSHIP BETWEEN THE TIME OF HABIT CLINIC CONTACT
AND THE END OF THE WAR (8/45)

Time of clinic contact		No. of children
Known before 8/45		8
Known before and after 8/45		18
Known after 8/45		40
Total no. of children		66

TABLE V

DISTRIBUTION OF CHILDREN OF SERVICEMEN ACCORDING TO THE
RELATIONSHIP BETWEEN THE FATHERS' PERIODS IN THE
SERVICE AND HABIT CLINIC CONTACT

Whereabouts of father	No. of children
Father in service while child known at Clinic ^a	30
Father discharged soon after beginning of Clinic contact	4
Father not in service while child known at Clinic ^b	<u>32</u>
Total no. of children	66

a The fathers of twenty-three of the children were overseas when in the service, and although there was not definite information about the exact dates of the fathers' overseas duty, the fathers of not more than eleven children were overseas during Clinic contact.

b The dates of service of five of the fathers were completely unknown.

Information was collected by filling out a schedule for each of the sixty-six children from the records of these children at the Habit Clinic, supplemented by consultation with the Clinic staff.¹⁰

The children fell into three main groups: those upon whom the fathers' movement seemed to have neither a direct nor an indirect effect; those upon whom the fathers' movement did have an effect; those designated as "short

¹⁰ A copy of the schedule is in the Appendix.

TABLE V

DISTRIBUTION OF CHILDREN OF SERVICEMEN ACCORDING TO THE
RELATIONSHIP BETWEEN THE FATHERS' TENURE IN THE
SERVICE AND HABIT CLINIC CONTACT

Whereabouts of father	No. of children
Father in service while child known at Clinic ¹⁰	30
Father discharged soon after beginning of Clinic contact	4
Father not in service while child known at Clinic ¹⁰	32
Total no. of children	66

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contact cases," who were never seen at the Habit Clinic, or were seen only once, but who, from the little known, seemed to have been affected by the fathers' movement.¹¹ Finally, there were three cases in which the child was possibly affected by the fathers' movement, but because of a shortage of information, it is impossible to evaluate the importance of the fathers' movement. The groups will be presented in this order with illustrative case material.

The division of the children into those who seemed to have been affected by the fathers' movement and those who did not seem to have been affected by the fathers' movement was based upon the statements of the psychiatrists and social workers who studied and treated these children. Although in some instances the cases were discussed directly with the staff members, on the whole the study is based upon the psychiatric statements found in the records about the influence of the fathers' movement upon the children's problems. The decision as to the effect of clinic contact upon the child was also based upon statements found in the records about the children's responses to treatment and their condition at the time of the end of Clinic contact.

The following table presents the above groups, which are discussed in Chapters IV, V, and VI, in a summarized form and indicates the effect of Clinic contact:

¹¹ See Chapter II for explanation of treatment procedure at the Habit Clinic.

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¹¹ See Chapter II for explanation of treatment procedure at the Habit Clinic.

TABLE VI

DISTRIBUTION OF CHILDREN OF SERVICEMEN ACCORDING TO THE
EFFECT OF THE FATHER'S MOVEMENT UPON THE CHILD AND
THE EFFECT OF CONTACT WITH THE HABIT CLINIC

Effect of father's movement	No. of children benefitting from clinic contact	No. of children not benefitting from clinic contact
No effect upon child from father's movement	6	14 ^a
Child affected by father's movement	26	10
Child affected because of mother-child relations	12	7
Child affected by resulting home conditions, etc.	9	3
Child affected by father- child relations	5	0
Cases in which there was a shortage of information	<u>3</u>	<u>7^a</u>
Total no. of children	35	31

a Note in Chapters IV and VI the fact that fifteen of the children were known for only a short time in the Clinic.

For tables showing a detailed analysis of the sixty-six children included in this study, see TABLES VIII, IX, X and XI in the Appendix.

Because the size of the group studied is so small, it is neither representative of children of servicemen in general, nor even of children known in child guidance clinics whose fathers were in the service. Also, since the children included in the study were all referred to the Habit Clinic

because of various behavior and emotional problems, they represent a rather specific group, and it is thus essential to keep in mind the context of the study and to realize that any conclusions drawn are applicable only to this group of children. One cannot assume that those children who were not referred to the Habit Clinic, but whose fathers were in the service reacted either in the same way or in totally different ways from the group covered by this study. It would also be impossible to predict with any certainty what lasting effects the disruptions of family life due to the war will continue to have on this group of children.

However, for these children certain conclusions can be drawn about the effect of the father's movement and also the effect of Clinic contact. When the results are compared with other studies of children of servicemen which have been, are being, and presumably will be made, perhaps more far-reaching conclusions can be drawn. In the group of children studied, the father as a serviceman was absent from the home for a certain length of time, and the results obtained, when compared to other studies of cases in which for other reasons the father was absent from the family, might contribute something to our growing knowledge of the importance of "an intact and emotionally healthy family for the well-being of its constituents, especially its children."¹²

¹² 12 Milton Rosenbaum, "Emotional Aspects of Wartime Separations," The Family, 24:337, January, 1944.

because of various behavior and emotional problems, they represent a rather apathetic group, and it is thus essential to keep in mind the context of the study and to realize that any conclusions drawn are applicable only to this group of children. One cannot assume that those children who were not referred to the Habit Clinic, but whose fathers were in the service resented either in the same way or in totally different ways from the group covered by this study. It would also be impossible to predict with any certainty what lasting effects the disruptions of family life due to the war will continue to have on this group of children.

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¹² I. L. Wilson Rosenbaum, "Emotional Aspects of Wartime Separations," The Family, 24:337, January, 1944.

Perhaps also, in the light of the fact that ". . . The Army of 1941-46 had to face problems which are traceable to the effect of the family life of 1916-20," and since "the Army psychiatrists of World War II saw the scars upon manhood of the childhood experiences during wartime and the postwar readjustment,"¹³ this study is not just a glance at past history. It is also an attempt to understand some of the effects upon the child of the disruptions of family life brought on by war, and to indicate how the child who reacts with various behavior problems can be helped to attain a more stable integration of his personality.

¹³ Menninger, op. cit., p. 394.

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CHAPTER II

DESCRIPTION OF THE HABIT CLINIC

Since this group of children represent a rather specific group, let us examine briefly the context in which they were studied and treated -- The Habit Clinic for Child Guidance, Incorporated.¹ Founded in 1921 by Dr. Douglas A. Thom, nationally known child psychiatrist and pioneer in the development of Habit Clinics for pre-school children, the Habit Clinic was one of the many post-war developments which resulted from the increasing interest in psychiatry in medicine, particularly in the field of pediatrics. It was established for the purpose of giving scientific help to children with various behavior and personality problems, and although in its early years it had quite a struggle to interpret and publicize its work, after one year of demonstration it had definitely proved that it had a place and that it was meeting a long existent and heretofore unmet need in the community. Until 1937 the Habit Clinic was situated at South End House, but since then it has had its own quarters at 15 Autumn Street in Roxbury, near the Children's Hospital, Harvard Medical School, Beth Israel Hospital, and the Boston Psychopathic Hospital. In the

¹ A pamphlet entitled The Habit Clinic for Child Guidance, Inc., commemorating its 25th year of service, was used as a source for the following description of the agency.

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¹ A pamphlet entitled The Habit Clinic for Child Guidance, Inc., commencing its first year of service, was used as a source for the following description of the agency.

beginning, the Habit Clinic was operated jointly with the Baby Hygiene Clinics at South End House. Later, when the Baby Hygiene Division was placed under the administration of the District Nursing Association, the Habit Clinic also came under its sponsorship. Following this, the Women's Community League gave its interest and support for a while. Finally an independent committee was formed and the Clinic has continued under its administration. Since 1921, under Dr. Thom's guidance, several thousand children have been studied and treated.

At present, the professional staff consists of five psychiatrists and one psychologist, each of whom is in the Clinic at least three half-days each week. There are also three full-time psychiatric social workers. In most instances the first contact with the case is when a doctor, social agency, friend, or quite frequently now, a parent calls to refer the child. Before the first appointment at the Habit Clinic can be made, the parent must show his or her interest by communicating with the clinic. Together the parent and the social worker decide whether or not the child can be helped at the clinic, or whether some other service would be more helpful. This process is continued in the first interview -- the application interview -- when the parent and the social worker arrive at a more complete understanding of the problem. If the case is accepted for study and treatment, the child is assigned to one of the psychiatrists, and the

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parent, to one of the social workers. Through the co-operative efforts of the psychiatrist, social worker, and psychologist, the clinic strives to study the problem and to help the parent and child understand its meaning and decide upon some plan of treatment.

Children from the ages of three and four up to twelve years of age are accepted at the clinic for study and treatment. Since the clinic is a member of the Greater Boston Community Fund, those who can afford to do so are urged to see a psychiatrist on a private basis. Those accepted for treatment at the clinic pay fees which are based upon their income levels and the size of their families.

In the first decade of the Clinic's history most of the problems encountered were those causing inconvenience and annoyance to the parents, such as enuresis, feeding difficulties, masturbation, temper outbursts and truancy. From 1931 to 1941 the problems for which the children were referred involved more subtle personality disorders, such as jealousy, cruelty, shyness, night terrors, hyperaggressiveness, and a wide variety of unusual behavior aberrations, some bordering on the abnormal and resembling adult psychoses. The Clinic reports that from 1941 to 1946 the cases reflected situations directly or indirectly generated by war-time disruption of the home and serious lack of parental supervision. Due to war-disrupted homes, the number of behavior problems in both pre-school and adolescent children increased

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startlingly. The clinic had to struggle to give the same degree of intensive treatment to the much heavier case load, and the task was made doubly difficult by the fact that during the war several staff members went into military service. That child guidance clinics succeeded in meeting successfully some of the problems resulting from the war's effects upon homes is indicated by the fact that the National Committee for Mental Hygiene in its 1945 Annual Report stated that:

Child Guidance Clinics are a means of incorporating psychiatry into community activities and relating it to education, social work and clinical psychology Such clinics, wherever they exist, do much more than is generally realized to prevent early social maladjustment.²

Of special significance to this study is the fact that due in large part to war-disrupted homes, since 1941 there has been a great increase in the demands upon the Habit Clinic for Child Guidance and in the seriousness of the children's problems. The following table indicates the numbers of children treated at the Clinic during five different years:

² Ibid., p. 7.

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TABLE VII

DISTRIBUTION OF CHILDREN ACCORDING TO NUMBER OF CHILDREN
TREATED EACH YEAR, FROM 1943 THROUGH 1947,
AT THE HABIT CLINIC*

Year	No. of children
January 1943 - December 1943	239
January 1944 - December 1944	284
January 1945 - December 1945	400
January 1946 - December 1946	316
January 1947 - December 1947	356

*Figures obtained from Habit Clinic statistics.

In the light of the age group which is studied and treated at the Habit Clinic for Child Guidance this context offers an excellent opportunity for examining what is implied by Jean Thompson's statement: "One of the major needs of all children is a sense of security. Under the changed conditions of war-time, the security of children at home and elsewhere is frequently threatened."³

³ Jean A. Thompson, "Pre-School and Kindergarten Children in War Time," Mental Hygiene, 26:491, July, 1942.

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Year	No. of children
January 1947 - December 1947	226
January 1946 - December 1946	216
January 1945 - December 1945	400
January 1944 - December 1944	284
January 1943 - December 1943	229

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CHAPTER III

FINDINGS OF OTHER AUTHORS

Much has been written about the effects of the war upon the family, and several studies have been made of children, to determine their reactions. It is thus essential to review some of the literature as a valuable background for this study.

In America, families make up one-fourth of our total population.¹ "The family and the home are the essential foundation stones of our culture and our system of life."²

Therese Benedek has described marriage as "a harmonious symbiosis,"³ and she states that the confident and loving interrelationship between the husband and wife is the psychological reservoir from which the emotional security of the child is nourished. "Both the father and the mother are indispensable to the security of its (the family's) members."⁴

1 Bradley Buell and Reginald Robinson, "From Veteran to Civilian," Survey Midmonthly, 81:302, November, 1945.

2 Menninger, op. cit., p. 393.

3 Therese Benedek, Insight and Personality Adjustment, p. 28. See pp. 28-37 for her more complete description of the marriage relationship and the psychodynamics of separation.

4 Kingsley Davis, "Children of the Divorced-Sociological and Statistical Analysis," Law and Contemporary Problems, 10:705, Summer, 1944.

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Eleanor Clifton states:

The family, whether or not we would extol and idealize it in the words of the poets, is a unit that has deep and lasting value to all its members. . . . When the family balance, whether healthy, precarious, or faulty, is disturbed, the effects are observable and must be reckoned with if a new integration is to be achieved.⁵

War is only one of the many things that may disturb the family balance. It has been pointed out frequently that a war situation does not create anything essentially new, but that it intensifies the strains and problems of the family. Before we go any further, it is wise to remember that undoubtedly many families benefitted much from the war-time separations. Many husbands and wives welcomed the period of separation, and while the husband delighted in his "new-found freedom" from family responsibilities, the wife gained much satisfaction when she found that she could become financially independent. For other families the old saying, "absence makes the heart grow fonder," had real meaning, and the change brought much needed stimulation. Families were strengthened by the hero-worship of the children for their soldier fathers and by the increased tolerance, understanding and appreciation of each other on the part of the parents.

For many other families, however, the disruptions caused by the war were upsetting to all the members.

⁵ Eleanor Clifton, "Some Psychological Effects of the War as Seen by the Social Worker," The Family, 24:124, June, 1943.

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Lack of choice, a feeling of lost identity, decrease in income, fear of injury or death, separation -- there are negative implications in these words and in the human feelings that may result from the situations they picture.⁶

Leaving civilian life and their families and adjusting to army life was quite a threatening change to many men who entered the service.⁷ Many soldiers encountered further difficulties when in their training they experienced the breakdown of the ego's control over aggressive impulses. Everyone's adaptability can be exhausted, and although the soldier may have succeeded in meeting the various demands made of him while in the service, upon his return he may have failed in trying to readjust to civilian life, to his job, and to his family. Having to take off his uniform meant to many a veteran losing a part of his personality and leaving behind something which had become a part of him. The longer the separation, the more fantasies the service man built up about his family, and vice versa. As a result, when the veteran returned, much as he and his family may have wanted to be realistic, in their disillusionment they tended to feel humiliated, and thus it was easy to be overly critical of each other.

6 Sterling Johnson, "The Effects of Selective Service on Selectees and Their Families," The Family, 23:174, July, 1942.

7 Benedek, op. cit., pp. 41-97; 170-189 give an excellent picture of the problems of adjustment to army life and of readjustment to civilian life.

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The universal response on the part of the wife to being left alone was one of anxiety, although naturally there were differences in degree and in mode of expression.⁸

Perhaps one of the reasons for her anxiety was that she, quite often more than the husband, felt that the separation threatened the continuity of the relationship. Many women felt that their husband's allegiance was primarily to the service and only secondarily to them. Actually, this anxiety for one's self is the reactivation of dependent needs, the universal reaction to separation, and is in keeping with woman's normal relationship to man.⁹

Another difficulty which the waiting wife had to face was the frustration of her sexual needs. For many women, this increased their anxiety and their dependent needs. Letters became exceedingly important; however, no matter how close the husband and wife were, the letters revealed the disparity of their experiences. Thus,

the long separation interrupts the parallel and complementing development of the marital partners and brings about the danger of competition and resentment where otherwise mutual identification would make the development fruitful.¹⁰

In these ways the frustrations of war-time separations deprived women of the benevolent and constructive influence

⁸ Ibid., pp. 143-169.

⁹ Ibid., p. 145.

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of marriage and burdened them with its responsibilities. Many wives had to depart from the American tradition of the husband-supported family, and for financial, or sometimes emotional, reasons went to work. Before the war, there were approximately eleven million women working outside their homes.¹¹ By February, 1945, the number had increased to 17,770,000 and of this number eight million women were single; seven million were married; two million were widowed or divorced. In June, 1947, 18,500,000 women, or 28.8 per cent of the female population over fourteen years of age, were employed, and eighty-four out of every one hundred women were working because financially it was necessary for them to support themselves or the family, either entirely or partially. For many wives and service men, readjustment was difficult; the man felt threatened by his wife's success, the wife, ambivalent about her changed status during the war, found herself likewise ambivalent about returning to her pre-war status.

The reactions of husband and wife to the war situation influenced not only their relationship to each other, but also held great significance for the children. Although children in America were more fortunate than those in England

¹¹ "Talk it Over - A Woman's Place Is - Where?", Series G-107, published by The National Institute of Social Relations, Inc., Washington, D. C., 1946; "Women as Wage Earners," New York Times, September 14, 1947 (quoting figures from U. S. Department of Labor). Cited in Menninger, op. cit., p. 405.

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or in other countries, in escaping the physical terrors and horrors of the war, Anna Freud discovered in her work with the English children evacuated from London that

The war acquires comparatively little significance for young children so long as it only threatens their lives -- it becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child within the family group.¹²

From her work, she and Dorothy Burlingham concluded that:

A child's mental and emotional well-being depends upon his parents' ability to remain emotionally integrated. When the parents, and especially in the case of young children, the mother, can face danger and disaster, the child almost without exception feels secure and contented. But if the mother is habitually apprehensive or goes to pieces in the face of danger and upheaval, or loses her grip in carrying on the ordinary familiar and comforting routines of the child's life, he too will become anxious and disorganized.¹³

The conclusions reached from studies of American children are, in general, very similar to the above. A study made of children in Bellevue Hospital who were felt to be reacting to the war situation indicated that in this group of children

. . . the majority of the children. . . have, as an integral part of their problem, a disturbed parent-child relationship in which they feel extremely insecure and deprived. . . . The threat of possible separation from the home as a result of the war seemed to be the main anxiety-evoking factor. This suggested that neurotic children whose relationship to the parent was already insecure might present a problem when

¹² Freud and Burlingham, op. cit., p. 37.

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and if the war threatens this relationship.¹⁴

Anna E. Davis found in her work that many of the children whom she studied had problems before the father left, and that the war only increased or altered internal family tensions. She found that as the war placed mounting pressures upon adults, there was a resulting increase in children's emotional tensions, and she concluded that: "The child's sense of security, which is so essential for healthy growth and development, is inextricably bound up with that of the parent or other adult on whom he depends."¹⁵ Eleanor Clifton in her observations as a social worker of the effects of war, found that, "Where parents are warm and affectionate and have a degree of personal security and serenity, the child seems to tolerate unbelievably well the threats of danger from without."¹⁶

A study made by George E. Gardner and Harvey Spencer¹⁷ of forty-nine children, twenty-nine of whom were referred to

14 Lauretta Bender and John Frosch, "Children's Reactions to the War," The American Journal of Orthopsychiatry, 12:571-586, October, 1942.

15 Anna E. Davis, "Clinical Experiences with Children in Wartime," The Social Service Review, 17:170-174, June, 1943.

16 Clifton, op. cit., p. 127.

17 George E. Gardner and Harvey Spencer, "Reactions of Children with Fathers and Brothers in the Armed Forces," The American Journal of Orthopsychiatry, 14:36-43, January, 1944. In reference to the time of Gardner's and Spencer's study, and since some of the children in their study were Habit Clinic cases, it is interesting to refer to Table I in Chapter I of this present study.

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the Judge Baker Guidance Clinic or to the Habit Clinic for Child Guidance, revealed that:

(1) Fear, anxiety, or grief were exhibited as immediate reactions to the father's or brother's enlistment in the case of only twelve children and except in one case these reactions were transient and mild.

(2) In nine cases, due to the father's or brother's absence there was intensification of the referral problem.

(3) With one exception, no children were referred for study and treatment because of emotional upsets specifically due to the enlistment of the father or brother. Thus they concluded that, "These children have withstood the test of separation from a family member extremely well. . . ."¹⁸

Amelia Igel in her study of cases from the Bureau of Child Welfare of New York City found that most of the children came from homes where either family relationships had always been askew, or where the father had been the more stable parent. In one group of cases the children were exhibiting problem behavior which had been precipitated by the absence of the father. The father had been the more stable and affectionate parent and the children seemed to be reacting to the break-down in family relationships. In the second group of cases the children had not yet developed problem behavior; however, due to the fact that the mother seemed to

¹⁸ George E. Gardner, "Child Behavior in a Nation at War, Mental Hygiene, 27:359, July, 1943.

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been awkward, or where the father had been the more stable
parent. In one group of cases the children were exhibiting
problem behavior which had been precipitated by the absence

of the father. The father had been the more stable and
affectionate parent and the children seemed to be reacting
to the break-down in family relationships. In the second
group of cases the children had not yet developed problem
behavior; however, due to the fact that the mother seemed to

18 George E. Gardner, "Child Behavior in a Nation at
War," Mental Hygiene, 27:333, July, 1943.

be quite upset, in the father's absence, it was felt wise to remove the children from the home. Amelia Igel concluded that the war precipitated breakdowns in many families that otherwise might have functioned adequately, and that "War separation may cause problems for children but does not necessarily create problem children."¹⁹ Florence Young noted in her study of young children that the informants regarded the fact that the father was in the service or anticipated entering soon as the most important cause of the disturbance in the children.²⁰

Anyone whose work is with, or concerns children knows the importance of Elizabeth GeLeerd's statement that

. . . in the emotional development of the child the relationship toward the parents is the most important one. Every disturbance in this relationship through external or internal reasons will considerably influence his later character.²¹

At an early age the child's security begins to find a basis in the feeling of being wanted and needed, and of giving in return for what he gets.

19 Amelia Igel, "The Effect of War Separation on Father-Child Relations," The Family, 26:3-9, March, 1945.

20 Florence M. Young, "Psychological Effects of War on Young Children," The American Journal of Orthopsychiatry, 17:500-509, July, 1947.

21 Elizabeth M. GeLeerd, "Psychiatric Care of Children in Wartime," The American Journal of Orthopsychiatry, 12:587, October, 1942.

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- 20 Amelia Igel, "The Effect of War Separation on Father-Child Relations," *The Family*, 26:3-5, March, 1943.
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- 21 Elizabeth M. Gelberd, "Psychiatric Care of Children in Wartime," *The American Journal of Orthopsychiatry*, 12:387, October, 1942.

The major changes to the emotional life of children during war are disruption of the emotional bonds with their parents and those they love, and the disorganization of their routine, and the curtailment of their habitual methods of emotional outlet through play and recreational channels.²²

Normally when the child is in the second half of his first year, he recognizes the father, even if the contact is not very intimate. Reuben Hill comments that continued contacts with the father are necessary for ". . . once enjoyed by children, they must remain."²³ Anna Wolf says that "The departure of a father or brother for the service never leaves even the most happy-go-lucky child untouched."²⁴ Therese Benedek feels that there is a marked difference in the traumatic effects upon the child due to the father's absence, depending on whether the separation came before, during or after the oedipal phase.²⁵

With the father absent from home-life, the family constellation is changed from the normal triangle of mother, father and child (and siblings) to the truncated home of mother, or mother substitute, and children.²⁶

22 Eugene C. Ciccarelli, "Mental Hygiene and Children in Wartime: Measures for the Prevention of Emotional Disorders," Mental Hygiene, 26:383-93, July, 1942.

23 Reuben Hill, "The Returning Father and His Family," Marriage and Family Living, 7:31, May, 1945.

24 Wolf, op. cit., p. 123.

25 Benedek, op. cit., pp. 230-239.

26 Margaret W. Gerard, "Psychological Effects of War on the Small Child and Mother," The American Journal of Orthopsychiatry, 13:495, July, 1943.

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²² Eugene G. Cicourel, "Mental Hygiene and Children in Wartime: Measures for the Prevention of Emotional Disorders," *Mental Hygiene*, 28:283-93, July, 1943.

²³ Hudson Hill, "The Returning Father and His Family," *Marriage and Family Living*, 7:51, May, 1943.

²⁴ Wolf, op. cit., p. 123.

²⁵ Benedek, op. cit., pp. 230-232.

²⁶ Margaret W. Gard, "Psychological Effects of War on the Small Child and Mother," *The American Journal of Orthopsychiatry*, 13:493, July, 1943.

The longer the father is absent, the more likely the child is to become emotionally concentrated upon the mother who continues to be his only source of learning and of gratification. Particularly in the case of the boy, this may make it impossible for him ever to reach emotional maturity.

Not only was there a possibility that the child would be affected by the loss of contact with the father, but also, since ". . . the mother's capacity to love and sacrifice for the child may be dependent upon the love and support she receives from her husband,"²⁷ the child was frequently deprived of support at the time he most needed it. As we have already noted, in war time the mother's interest frequently is not unified, but is diffused into many activities and anxieties, which interfere with the quantity and quality of usable mother love. "The child always feels rejected and uneasy as a result of the mother's emotional isolation when she is anxious or suffering."²⁸ Oppressed by feelings of anxiety and deprivation, many mothers shared their beds with their children, and particularly in the case of the boy, not only was he frightened by the closeness of the relationship, but also by a feeling that his destructive wishes concerning his father as a rival had come true. In some cases one or

27 Martha W. MacDonald, "Reflections of War in the Adjustment of Children," The News Letter of the American Association of Psychiatric Social Workers, 12:37, Summer, 1942.

28 Gerard, op. cit., p. 495.

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²⁷ Merton W. MacDonald, "Emotions of War in the Adjustment of Children," *The New Father of the American Association of Psychiatric Social Workers*, 12:17, Summer, 1942.

both parents asked the child to "take care of mother for daddy," and this was also likely to produce anxiety, since the child was unable both emotionally and physically to play such a role; and also, despite his desire to be grown up, he wanted still to be treated as a child.

Frequently the mother-child relationship was also upset by the birth of a sibling during the father's absence, or by the family's moving around or living in crowded conditions with relatives or friends, or by the fact that the mother was employed away from home. We are all familiar with the tales of the "latch-key kids" and "grandma's boy."

The loss of fathers to the armed forces, and empty houses occasioned by the mother's working do not give these children the base of security that they still need to sustain them as they go forth to make their place in the group.²⁹

Not only was the child affected by the mother's absence, but his feelings of anxiety and insecurity were likely to be increased since the mother often felt tired, sometimes guilty, and thus anxious about having neglected her child.

Although the mother may have tried to keep the picture of the father alive in the family, the longer the separation the more likely the children were to be emotionally unprepared for his return. Under normal circumstances the father would have played an important part in the child's ego-development, but without having been able to develop an actual

²⁹ Charlotte Towle, "The Effect of War Upon Children," The Social Service Review, 17:149, June, 1943.

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²² Charlotte Lewis, "The Effect of War Upon Children,"
The Social Service Review, 17:162, June, 1943.

relationship with the father, the child may have found it extremely difficult to accept his returned serviceman-father. Children perhaps even more than their parents tend to fantasy about their absent father and sometimes they find it difficult to accept reality. Thus

. . . . The soldier's return is not a simple process of restoration of his original psychological place in the family. He, changed, by his war-time experiences, will be welcomed by a family whose psychodynamic balance has also changed, but in another direction and at another pace. They meet each other with the feeling of belonging and expectation, with the conviction that they need each other. Yet it will take time until they know each other well enough again to give their best to each other.³⁰

³⁰ Benedek, op. cit., p. 101.

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CHAPTER IV

CASES IN WHICH THE FATHER'S MOVEMENT DID NOT
INFLUENCE THE CHILD'S PROBLEMS

Twenty of the sixty-six children included in this study did not seem to have been affected either directly by the father's entering the service, his absence from the home, or by his return to the family, or indirectly by the father's movement -- due to effects of the father's movement upon the mother, or various changes in the family situation¹ caused by or coinciding with the father's movement. Psychiatric statements in the records and in some cases, consultation with staff members, indicated that the children did not seem to be affected either directly or indirectly by the father's movement and that their problems were due to other causes. There were two cases where two children in the same family were studied and treated in the clinic and thus all were included in this study. Twelve of the children were boys and eight of them were girls. Two of the children were known to the Habit Clinic only before the end of the war (8/45); one was known both before and after the end of the war; seventeen of the children were known only after the end of the war. The fathers of five of the children were in the service during

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the time of clinic contact; however, only one of them was overseas during clinic contact, and the fathers of only two other children were overseas when in the service.

Among the children who seemed to have been affected by things other than the father's movement was a group of seven children whose problems were felt to be due primarily to a mental retardation and also, in all but one of these cases, the children were felt possibly to have had early severe cerebral or neurological damage. The following is a typical case:

A five and one-half year old boy was referred to the clinic because he had been excluded from two schools, he had had trouble with stuttering since the time he started to school when he was five, and he had been disobedient since he was three, when his brother was born. The father had been in the service from the time the patient was three and one-half until he was four, and while he was away the family lived with the maternal grandparents, which the mother felt had been very unsatisfactory. At the time of referral the family was living under very crowded conditions and the father was in a hazardous occupation. The clinic found that the patient was mentally deficient and it was felt that part of his difficulty was due to an infantile encephalopathy, due to a case of lobar pneumonia, when the patient was seven weeks old. Since his condition was felt to have been complicated by environmental conditions, it was recommended that he be placed in an institution. However, when the child showed some improvement after special tutoring and a summer in camp, the parents were pleased and were unwilling to institutionalize the patient.

Another group of thirteen children seemed to be reacting primarily to a life-long or more recent poor relationship with one or both parents, and there was no indication

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Another group of thirteen children seemed to be reacting primarily to a life-long or more recent poor relationship with one or both parents, and there was no indication

that the father's movement had played either a direct or an indirect part in the disturbed relationship. In four of the cases the child's home had been broken when he had been very young. Three of these four children were never seen by the psychiatrist, since after the application interview the family did not come to the clinic again. In two other cases, after the patient had been seen once by the psychiatrist, the mother felt the patient had improved and thus she was uninterested in continuing clinic contact; in a sixth case the child was seen only twice, since the mother felt unable, due to illness, to continue clinic contact. Thus these six children actually were not thoroughly studied at the clinic; however, from the information in the records, it seemed as though the children were reacting to things which had no connection with the father's movement. The following is an example of these six cases:

A four year old boy was referred because of stubbornness, attention-demanding behavior, destructiveness at home and at school, and an eating problem which he had had since birth. He had been born prematurely while the father was in the service. The mother had been told that the patient might not live, and she had always been overprotective of him. The father and the mother had been very close before the father entered the service, and the father particularly had felt that children would be a great hindrance to their relationship. When the patient was three, the father received a neuro-psychiatric discharge; however, there was no indication that his return had had any effect upon the patient. After the patient's first appointment with the psychiatrist, the mother felt the patient had improved, and thus she was uninterested in continuing clinic contact.

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The five other cases in which the patient seemed to be reacting to poor parent-child relationships were studied and treated at the clinic for a longer time than the six previous cases. The following is an example:

In the case of a seven and one-half year old girl, the basis of the problem was felt to be an unhappy home situation. She was referred to the clinic because of disobedience and hostility toward her mother. There had been marital conflict ever since the patient's birth and the parents, both of whom were unstable, immature, and promiscuous, had separated once or twice before the patient was five and one-half. Although the patient had once been her father's favorite, when she was four a second daughter, the favorite of both parents, was born and at this point the patient's problems began. When the patient was five and one-half, the father went into the service, and at the time of referral he was overseas. Although while he was away the mother felt calmer and relieved that there was no more friction, the patient's problems continued. The clinic felt that the parents were definitely mismatched and that the patient was suffering from their maladjustment. It was felt that little could be done with the family, and that the clinic could only offer support to the patient who seemed a little more emotionally mature than her parents. The patient expressed much ambivalence toward both parents. Although she seemed to side with her mother, there were indications that she felt she was the mother's rival for the father's affection. This infantile tie was felt to have been strengthened by the mother's actual infidelity to the father during his absence and also by the fact that the father had continually absented himself from the family picture. Thus the patient's emotional conflict seemed to be caused by the fact that although she was jealous of her mother, she was also afraid of losing her love. During treatment the father returned, but after a few fights he left. Psychotherapy was continued at the clinic until the patient was felt to have readjusted to the father's return and his subsequent departure. At the end of clinic contact, although the mother had begun divorce proceedings, the father occasionally returned home, at which time there was much fighting. The mother was urged to look into a foster home or school placement

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for the patient, since it seemed unwise to leave her in this situation where both parents were so unstable.

Thus, in this group of twenty children, although the fact that eight of the children were not thoroughly studied and treated at The Habit Clinic should not be overlooked, even in these cases, as in the rest of the group, the children's problems seemed to be based primarily upon the fact that: they were mentally retarded; they had had a life-long or more recent poor relationship with one or both parents; the home had been broken when the patient was very young. There was no indication from the material and the psychiatric statements in the record that the father's movement had had either a direct or an indirect effect upon the child's problems.

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CHAPTER V

CASES IN WHICH THE FATHER'S MOVEMENT
INFLUENCED THE CHILD'S PROBLEMS

There were thirty-six children out of the total sixty-six included in this study who seemed to have been affected by the disruptions in family life during the war. There were three cases in which two children in the same family were known to the clinic; however, only in one case were both children accepted for treatment, and thus only in this one case were both children in a family included in this study. Twenty-six of the children were boys and ten were girls. Four of the children were known to the clinic only before and not after the end of the war (8/45); sixteen were known both before and after the end of the war; sixteen were known only after the end of the war. The fathers of twenty-four of the children were in the service during the time the child was known at the clinic; the fathers of three other children were discharged right after the beginning of clinic contact. The fathers of seventeen of the children were overseas when in the service, and not more than ten of these were overseas during the time of clinic contact. Twenty-three of the children benefitted from clinic contact, three benefitted only slightly, and ten did not benefit at all.

There are three main sub-groups. An attempt was made to divide the children according to whether they had been

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affected by the father's leaving, absence, or return. In almost all the cases, the father's movement seemed to coincide with an increase or decrease in the patient's behavior and emotional problems. However, the existence of a great many other factors was discovered, and in their effect upon the child, as indicated by the material and the psychiatric statements in the records, they seemed to be equally as important as the father's movement. Therefore, it was decided that the cases should be studied from the point of view of the child's reaction not only to the father's movement, but also to these other factors. Thus, in one of the sub-groups, the child seemed to have been affected not only by the father's movement, but also by the fact that the father's movement affected the mother's sense of security¹ and therefore the mother-child relationship. In the second sub-group, the patient seemed to have been affected not only by the father's movement but also by an upset home situation or by changes in the family situation² which coincided with, or were caused by the father's movement. In the third sub-group the patient

1 The mother's insecurity is described in various ways in the records. Some mothers were described as being neurotic, others as being overwhelmed with anxieties and fears, and still others as having actual breakdowns.

2 An upset home situation means situations in which there were varying degrees of marital conflict and where the patient seemed to be reacting to the lack of a father-figure with whom to identify. Changes in the family situation means family moving, family living with relatives, mother working, birth of sibling.

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Part I

The largest sub-group is that in which the child seemed to have been affected not only by the father's movement but also by the fact that the movement of the father affected the mother-child relationship. There were nineteen children in this group, fifteen boys and four girls. In one case, two children in the same family were known to the clinic; however, only one of the children was accepted for treatment and thus included in this study. The fathers of fourteen of the nineteen children in this group were in the service during the time of clinic contact; the fathers of two other children were discharged right after the beginning of clinic contact; the fathers of three of the children were overseas during the time of clinic contact. The effects of the father's leaving, absence, and return were known in all but four cases, in which the effects of the father's return were not known. In eight cases, the father was felt to be definitely the more secure and stable of the parents. In only six cases was the family living with relatives, and in only three of these cases was there a possibility of an older man in the family filling the child's need for a father figure. Although in the case of eight children, the mother was working

seemed to have been affected not only by the father's movement but also by the father-child relationship. The groups will be presented in this order.

Part I

The largest sub-group is that in which the child seemed to have been affected not only by the father's movement but also by the fact that the movement of the father affected the mother-child relationship. There were nineteen children in this group, fifteen boys and four girls. In one case, two children in the same family were known to the clinic; however, only one of the children was accepted for treatment and thus included in this study. The fathers of fourteen of the nineteen children in this group were in the service during the time of clinic contact; the fathers of two other children were discharged right after the beginning of clinic contact; the fathers of three of the children were overseas during the time of clinic contact. The effects of the father's leaving, absence, and return were known in all but four cases, in which the effects of the father's return were not known. In eight cases, the father was said to be definitely the more secure and stable of the parents. In only six cases was the family living with relatives, and in only three of these cases was there a possibility of an older man in the family filling the child's need for a father figure. Although in the case of eight children, the mother was working

during the father's absence, in only three cases was it a situation where the mother was out of the home all day long. In five cases, all of whom were boys, the mother in her insecurity took the patient to bed with her. In four cases the mother had reacted to the father's absence with so much insecurity that because of the effect upon the child, the family was assisted in gaining the father's discharge. In ten cases, the father's return made the mother feel much more secure and in eight of these cases the patient benefitted greatly by this. In all but two cases the child had shown behavior problems prior to the father's period in the service. In eight of the cases there had been marital conflict before the father entered the service. In twelve cases the patient seemed to benefit from clinic contact, whereas in seven cases he did not.

The cases in Part I seemed to fall into two groups: Group A -- those in which the child seemed to be reacting to the father's movement, the mother's insecurity in the father's absence, and rather directly to the loss of the father; Group B -- those in which the child seemed to be reacting to the father's movement and to the mother's insecurity in the father's absence but in which apparently the loss of the father was not felt so keenly by the patient.

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Group A

There were six children in this group -- five boys and one girl. The fathers of all of the children were in the service during the time of clinic contact; the father of only one of the children was overseas while in the service and at the time of clinic contact he was in this country. The effects of the father's return were known in four of the cases. The following is an example of the three cases in this group in which the patient benefitted from clinic contact:

The patient, a seven year old boy, was referred because of poor school work, indifference, temper tantrums, fire setting, night terrors, poor eating habits, rocking, and restlessness. Although many of the problems had begun about two years before clinic contact, when the father entered the Navy a few months before the beginning of clinic contact, the problems increased in number and in intensity. There had been marital conflict ever since the parents' marriage and during the two years previous to clinic contact, the mother had left the father six or seven times for periods varying from two weeks to three months. The father, whom the mother described as likable and charming but not very dependable, was an alcoholic. When sober he gave the patient some security, but he ignored the patient completely when drunk. The patient had always been jealous of his mother's relationship to his father, and there had always been a strong emotional attachment between the patient and his mother. From the time he had been four years old he had slept in his parents' room, and frequently he would insist on sleeping with his mother in his father's place. When the father went into the service, the mother found it necessary to break up the home and live with a married maternal aunt who had two children, a boy the patient's age who was quite hostile toward the patient, and a younger girl. Although the maternal aunt was quite warm and affectionate, she grew increasingly upset as time went on. The patient's uncle was away from

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home much of the time due to his work, and when at home he was likely to be very irritable, and thus he was no father substitute. While the father was away, the patient slept continually with his mother, and both seemed to enjoy the closeness of their relationship. However, although in many ways he seemed quite dependent upon his mother, he did not use her as a confidant, but kept things to himself. While the father was away he sent a few letters to the mother and the patient, which impressed both and gave the impression of a desire on the father's part for a permanent home. The mother said that the patient had not mentioned his father for the first two months after his father entered the service, and although later on he sometimes seemed worried about his father's safety, when the mother decided to continue the divorce proceedings, she did not feel that the patient seemed to object.

During the six months of clinic contact the patient developed a close attachment to the therapist who found that he talked constantly about his father and who felt that he was a grief stricken little boy reacting to his father's absence. The mother who had left home at seventeen as a rebellion against authority, was seen by the social worker during this time and an effort was made to discuss with her her rather neurotic pattern of antagonizing people through her need to cover up her own insecurity. Through play fantasy the patient worked out some of his hostility, but although some of the patient's problems disappeared, it was felt that he needed further treatment, especially since there was a possibility that he and his mother might move away from the maternal aunt's home. It was felt that if they did, in view of the fact that the divorce proceedings were continuing, the already close mother-child relationship might become excessively intense, to the detriment of the child. However, when a change of therapists was necessitated, nothing further was heard from the mother for four months.

Four months later, when the patient again was referred to clinic, he and his mother were living by themselves. Although his school work continued to be good, he seemed much more depressed. His depression seemed to be due to feelings of having had many losses, deprivations, and changes of life, and his increased dependence upon his mother was also felt to be detrimental. Although the divorce proceedings were continuing, the mother was

home much of the time due to his work, and when at home he was likely to be very irritable, and thus he was no father substitute. While the father was away, the patient slept continually with his mother, and both seemed to enjoy the closeness of their relationship. However, although in many ways he seemed quite dependent upon his mother, he did not use her as a confidant, but kept things to himself. While the father was away he sent a few letters to the mother and the patient, which impressed both and gave the impression of a desire on the father's part for a permanent home. The mother said that the patient had not mentioned his father for the first two months after his father entered the service, and although later on he sometimes seemed worried about his father's safety, when the mother decided to continue the divorce proceedings, she did not feel that the patient seemed to object.

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ambivalent about the father's return and the patient was fantasizing about how happy he would be when his father returned. The father returned six months later, and to satisfy the patient, the mother decided to give him a six months trial. For a while the patient was very happy and seemed devoted to his father, but when the father again reverted to drinking, and there was friction again between the parents, the patient lost all respect for him. The father seemed very unstable emotionally upon his return, and there was rivalry between the father and the patient for the mother's affection.

The psychiatrist felt that the patient was strongly ambivalent about his father and that he was peeved at having to share his mother with his father. It was also felt that it was difficult for the patient to identify with a father whom the mother had depreciated and of whom the patient himself was censorious and contemptuous. The mother was thus urged not to belittle the father, since the patient needed a masculine identification. Some of the patient's mixed feelings about his father's return were cleared with him, but the psychiatrist, a woman, felt that because the patient had developed such strong positive feelings toward the previous male therapist, who had been in uniform, the transfer was difficult for the patient. Because of the patient's poor social adjustment and the feeling that he needed a male figure with whom he could identify, plans were made for him to join a club group led by a male worker. Later it was reported that the patient seemed active, aggressive, and better adjusted, that the mother and father were together, and that a second child had been born.

In the three other cases in Group A the child did not benefit from clinic contact. The following is an example of these cases:

The patient, a nine and one-half year old boy, was referred because of wetting, soiling, and brooding. When the mother was pregnant with the second child, when the patient was three and one-half, the patient regressed in bowel and bladder control for one-half year. When the patient was nine, following a good deal of marital friction, the father entered the Army without telling the mother. The mother, who seemed to be always complaining, and who was felt to be unintelligent

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and unrealistic, had been married previously and divorced. Her twenty-two year old son by her first marriage had been quite close to the patient; however, he was overseas. While the father was away, the mother was very unhappy, depended quite heavily upon the patient, accused the father of being untrue while he was in the service, and because of her numerous chronic ailments she tried to get him to come home. It was felt that the mother was more concerned about her relationship to the father than about the patient's problems. The referring agency reported that the father had always been demanding and childish and that the home was more at ease during his absence; however, the patient reacted by regressing in bowel and bladder control and becoming very sullen. Just before clinic contact he was circumcized and seemed to regain bowel and bladder control. The patient's six year old brother who tended to dominate the patient, was also felt, by the referring agency, to have reacted to the father's leaving by showing signs of aggressiveness; however, he was not taken on for treatment since the clinic and the mother felt the older child to be the one who really needed treatment.

The psychiatrist who saw the patient during the eight months of clinic contact found the patient to be sober, restrained, passive, and burdened excessively by the mother's problems and the friction at home. Although he seemed to be repressing a great deal of aggression against his father and to be aware of the strained relationship between his parents, he appeared quite fond of his father, whose favorite he had always been. Although he seemed ambivalent about his father's absence, he seemed to miss greatly the presence of a man in the home.

Just before the father's return, the mother went to the hospital and the patient and his brother were placed in a foster home. As the time for the father's return approached, the mother seemed to feel more secure, became unrealistically convinced that she and the father were again in love, and lost interest in clinic contact. On the whole the patient continued to appear unhappy, and although he drew some satisfaction from the attention his mother gave him upon her return from the hospital, it was felt that he needed further treatment. However, it was felt that until the father's discharge, the mother would continue to be unrealistic and could not be counted on to encourage the patient to come to clinic.

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Although it was later learned that upon the father's return he was uninterested in the mother, the family did not again contact the clinic.

Thus in this group of six cases, the patient seemed to have responded to previous upsets in child-parent relationships (usually due to marital conflict). The father's absence due to military service seemed to intensify the patient's problems primarily because the patient seemed to have felt more secure in his relationship to his father than to his mother. The patient also seemed to be reacting to the various manifestations of insecurity on the part of the mother during the father's absence. In the cases where the effects of the father's return were known, although the mother apparently did not feel more secure in every case, and although in some cases the patient had difficulty adjusting to the father's return, with the eventual increase in stability in the home, the patient improved. In this group of six cases, the father's return seemed to be of greater obvious, direct benefit to the patient than did contact with the clinic; however, in three cases the patient also benefitted by finding a supportive relationship at the clinic during the father's absence.

Group B

There were thirteen children in this group, ten boys and three girls. In nine of the cases, the patient benefitted from clinic contact. The fathers of six of these

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children were in the service during the time of clinic contact; in one of these six cases the father was discharged right after the beginning of clinic contact. In three of these cases, the father was overseas during the time of clinic contact. In only one of these nine cases, was the effect of the father's return unknown. The following two cases are examples of these nine cases in which the patient benefitted from clinic contact:

The patient, a ten year old girl, was referred because of masturbation, lying, stealing, hostility toward her step mother, and sex accusations against the maternal uncle. The patient's early life had been quite traumatic. Her own mother died when the patient was two and until she was six, she was cared for by the maternal grandmother who neglected her badly. The referring agency reported also that she had been subjected to much sexual abuse by the maternal uncle while in the maternal grandmother's home. When the patient was six, the father remarried and although the patient was jealous when the step-mother and father were together, she was well-behaved and frequently showed signs of affection for her step-mother. The step-mother, who had also been emotionally deprived as a child, seemed able to carry on her responsibilities as a mother until the father went into the service and was sent overseas, when the patient was nine. At this time the step-mother began suffering from nervousness, depressive feelings, and ideas that people were against her. At the same time her relationship with the patient was much weakened and the patient's problems began at this point.

The case was active for six months during which time the patient, who was of dull normal intelligence, was seen five times by the psychiatrist who felt that although there had been many disturbing experiences in the child's life, at present she was reacting to the disturbed relationship between herself and her step-mother, which had been precipitated by the step-mother's problems due to the father's absence. The step-mother seemed

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to gain some relief in the earlier part of clinic contact from talking about her difficulties and sharing her responsibility for the child with the clinic, but she was rather defensive throughout, and it seemed doubtful whether she could make use of insight into the child's motives. What she wanted fundamentally was the father's discharge, and it was felt that the poor relationship between the step-mother and the patient would be improved with the father's return. For this reason a letter was written to the draft board recommending that the father be discharged, since it was felt that he had much to offer in this family dilemma by adding to the mother's stability, so that she would be able to carry on a satisfactory relationship with the patient, which the patient needed badly for her adjustment and development.

Three months after the beginning of clinic contact, the father was discharged, the mother's anxiety disappeared, and she felt that the patient's problems also disappeared. She seemed more secure in asking the patient to do things and no longer was afraid that people would think she was being cruel to her. The case was closed because the mother no longer felt the need of clinic contact.

The patient, a four year old boy, was referred because of excitability, overaffection, poor coordination, and indistinct speech. He was illegitimate and had been severely deprived of emotional care until the time of his adoption, when he was one and one-half years old. He seemed to have responded well to the affection of his adoptive parents; however, many of the problems seemed to have existed from the time of his adoption. After three months of following the father from one seaport to another, the father, who had been in the service for eighteen years, was sent overseas. During most of the time that the father was away, the mother and the patient lived with a maternal aunt in a small apartment. Although previously there had been some marital friction, the patient's adoptive mother longed for and worried about the father while he was away. The mother was working in a nursery school and seemed to have much interest in, and insight into, children's problems; however, in the father's absence she seemed less able to manage things, and her relationship

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to the patient assumed a decidedly erotic character. The mother felt that the patient's problems had become worse since the father's departure.

During the ten months of clinic contact, which began after the father had been overseas for two years, the patient was seen by the psychiatrist who felt that he was strongly attached to his mother, and that he was well aware of his mother's anxiety during his father's absence. Although the patient had known the father for only three months, the mother kept his existence very much alive in the home, and the patient had fantasies and ambivalent feelings about the father's shooting and being shot in the war. He seemed to feel quite threatened with bodily harm particularly in relation to his genitals. Gradually he made great improvement and the mother felt that much of the improvement was due to the fact that she felt reassured through clinic contact, that she was being firmer with the patient, and also that the maternal aunt had moved from the apartment.

After six months of clinic contact the father returned. Although it was felt that the patient had been quite anxious about his father's return, he did not seem disturbed when his father finally returned. When the father came to the clinic it was felt that much of the patient's successful adjustment was due to the father's personal security and his understanding of his adopted son.

In the four other cases in Group B, the patient did not benefit from clinic contact. The fathers of all four of these children were in the service during the time of clinic contact; in one case, the father was discharged right after the beginning of clinic contact. In one of these four cases the effects of the father's return were unknown. The following is an example of these four cases:

The patient, a six and one-half year old boy, was referred because of his running away, temper tantrums, teeth gritting in his sleep, and staying out late at night. The father had

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The patient, a six and one-half year old boy, was referred because of his running away, temper tantrums, teeth grinding in his sleep, and staying out late at night. The father had

entered the service only two months before clinic contact, and although the patient had presented no problems before this time, he immediately reacted to his father's absence with the various behavior problems mentioned above. The patient had been an illegitimate child, and he and his mother had lived with the maternal grandmother until the patient was three and one-half. The father was felt to accept the child as his own son, but when he was in clinic, it was not felt that he was very intelligent. While his father was home on furloughs the patient was obedient, and the father felt that the reason for this was the patient's fear of him.

The psychiatrist felt that the patient's running away might be due to his fears of staying alone with his mother and also due to fantasies of adventure and grandeur. It was also felt that the mother was no match for the boy, and that actually she desired the boy to be bad. The patient was found to have only borderline intelligence, and the therapist felt the patient's relationship at the clinic was based mainly on the pleasure principle. It was felt that either he had almost no ego development or that it was impossible to contact it.

Due to the father's absence the mother lost thirty pounds and the case was closed, when due to the mother's neurotic health, she was about to be hospitalized, and the child was about to be placed because of the serious aspects of his delinquent behavior and of the unlikelihood of the father soon being discharged.

Thus in this group of thirteen cases, the patient seemed to have responded to previous upsets in the parent-child relationship. The child seemed either to have been previously partially rejected by the mother or else never to have had a very long or very secure relationship with his father. The patient's problems seemed to increase in the father's absence, and the patient seemed to be reacting primarily to the mother's insecurity during the father's absence. In the cases in which the effects of the father's

entered the service only two months before clinical contact, and although the patient had presented no problems before this time, he immediately reacted to his father's absence with the various behavior problems mentioned above. The patient had been an illegitimate child, and his mother had lived with the maternal grandmother until the patient was three and one-half. The father was felt to reject the child as his own son, but when he was in clinic, it was not felt that he was very intelligent. While his father was home on Saturdays the patient was obedient, and the father felt that the reason for this was the patient's fear of him.

The psychiatrist felt that the patient's running away might be due to his fear of staying alone with his mother and also due to fantasies of adventure and grandeur. It was also felt that the mother was no match for the boy, and that actually she desired the boy to be bad. The patient was found to have only borderline intelligence, and the therapist felt the patient's relationship at the clinic was based mainly on the pleasure principle. It was felt that either he had almost no ego development or that it was impossible to contact it.

Due to the father's absence the mother lost thirty pounds and the case was closed, when due to the mother's neurotic health, she was about to be hospitalized, and the child was about to be placed because of the various aspects of his delinquent behavior and of the unlikelihood of the father soon being discharged.

Thus in this group of thirteen cases, the patient seemed to have responded to previous upsets in the parent-child relationship. The child seemed either to have been previously partially rejected by the mother or else never to have had a very long or very secure relationship with his father. The patient's problems seemed to increase in the father's absence, and the patient seemed to be reacting primarily to the mother's insecurity during the father's absence. In the cases in which the effects of the father's

return were known, the mother usually became more secure, to the patient's benefit. In most cases, clinic contact definitely contributed to the patient's final improvement; sometimes through clinic contact the mother was strengthened and gained understanding; in three cases the clinic considered it wise to assist in gaining the father's discharge since his presence in the family was essential; two of the children found a helpful, supportive relationship at the clinic. In a few cases the patient did not benefit from clinic contact due to: the mother's increasingly poor health, the family moving or the father's resistance to clinic contact fairly soon after the beginning of the contact; the partial physical basis of the patient's problem.

Part II

In the second sub-group, the patient seemed to have been affected not only by the father's movement but also by an upset home situation or by changes in the family situation which coincided with or were caused by the father's movement. There were twelve children in this group, ten boys and two girls. In one case, two children in the same family were known to the clinic; however, only one of the children was accepted for treatment and thus included in this study. The fathers of seven of the children in this group were in the service during the time of clinic contact, and five of them were overseas during the time of clinic contact.

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The effects of the father's leaving, absence, and return were known in all but three cases where the effects of his return were not known. In only three cases did the patient seem to have a secure relationship with his father; in the other cases, the father seemed to be immature or unstable. In five cases the family lived with relatives during the father's absence; however, in only one case was there a possibility of an older man in the family filling the child's need for a father figure; two other children in the group were placed in several foster homes during the father's absence, but there was no indication that the patient had found a father substitute, and the placements seemed more detrimental than beneficial. In four cases the mother was working during the father's absence, to the detriment of the patient. In six cases, the mother was described as being insecure and in three of these cases, all of whom were boys, in her insecurity, she took the patient to bed with her; in none of these cases did the father's return make the mother more secure. In seven cases the patient had had various behavior problems prior to the father's period in the service. In six cases, there had been marital conflict before the father entered the service. In six cases the patient definitely benefitted from clinic contact; in three cases he benefitted only slightly; in three cases clinic contact did not seem to be of any help. The following two cases are examples of the nine cases in which the patient benefitted from clinic contact:

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The patient, a seven and one-half year old boy, was referred because of school failures, constant fatigue, restlessness, sleepwalking, and poor social adjustment. Most of these problems had been going on for two or three years, but just prior to clinic contact they had all become more marked. The patient's father went into the service when the patient was six, as a result of a court order which the mother obtained after many years of marital friction. The mother complained that the father had never had much interest in the children or the home, and although it was not stressed, there was a religious difference. The patient, who was born a microcephalic and who was an early feeding problem, was supposed to be a girl. He had been separated from the mother while she worked, until he was five. There was some evidence of conflict between the patient and his two younger siblings. A hospital report described the mother as a very dependent type of person with an hysterical personality. After the father left, she seemed depressed and evidently felt the need of the father for security. She seemed to favor the patient, and while the father was away, the patient slept with his mother. Although at first the father did not write very frequently, and the mother was quite upset, but did not tell the children, later on he began writing quite frequently and seemed more interested in the family and the children. While the father was overseas, the mother felt that the patient missed his father very much.

The psychiatrist felt that the patient was anxious, seclusive, effeminate, and obsessional. He seemed to be quite jealous of his younger brother but did not have any way of expressing his aggression. He seemed to be longing constantly for his father and to miss someone with whom he could identify.

When the patient's father came home on furlough, during clinic contact, the patient snapped out of his apathy. Following this, the patient and his father seemed a good deal closer -- corresponding now and then until the father's final return.

It was felt that some of the patient's difficulty might have been due to the fact that he did not know with whom to identify, since there had been so much confusion regarding the father's status. It was also felt that the

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It was felt that some of the patient's difficulty might have been due to the fact that he did not know with whom to identify, since there had been so much confusion regarding the father's return. It was also felt that the

patient might have some feelings that he and the mother had sent the father to danger, since he seemed quite anxious lest the father be injured.

The patient seemed to be extremely excited about the possibility of his father being discharged, and it was felt that the patient was entangled in the family fantasy regarding the changes that would be seen in the father. It seemed important for the therapist to be a bridge between fantasy and reality and to deal with the child's disappointment and frustration, particularly since the patient showed mixed feelings of joy and fear as the time for the father's return came nearer.

The patient responded quickly to praise and seemed to benefit by the support he found at the clinic, but he appeared a bit anxious and seclusive, and it was felt that he was still not using all his intellectual capacities in school. The father returned when the patient was eight, and the entire family were quite upset. The children seemed afraid of their unpredictable and suspicious father, and the mother seemed frightened and hostile. Apparently the children were reacting to the unsettled home situation. Clinic contact ended because the mother seemed unable and unwilling to keep appointments after the father's return.

The patient, a nine year old boy, was referred because of sibling rivalry, temper tantrums, stealing from his mother, and over-attachment to her. When the patient was two a second boy was born, who was larger and more masculine than the patient, and there was some evidence that the second boy had always been the father's favorite. The second boy had also received quite a lot of attention from both parents because of his numerous illnesses. Although there was no evidence of severe marital conflict, the father had very much wanted to get away, and when the patient was five, the father went overseas for eight months, telling the patient to take care of the mother in his absence. For a while, after the father had left, the mother, who was inclined to be overprotective of her children, spent a good deal of time with the patient and his brother. After a few months she began worrying about her pregnancy, and the

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patient also seemed quite concerned about his mother's health. The mother felt that she had been stricter with the patient during her confinement, and that she had not been able to give him as much attention as before, but she did not notice any anxiety on the part of the patient when the third boy was born. A few months later the father returned, and the patient had a hard time readjusting to the fact that no longer was he to play the role of the father. He did not develop severe behavior problems, however, until just three months before clinic contact, when the mother was in the fourth month of her fourth pregnancy and was again being quite strict with the patient. At this point the patient began showing aggression toward his mother and stole several things from her.

The psychiatrist who saw the patient felt that he was quite neurotic, that he had feelings of weakness, and that he was lacking in self confidence. The feelings seemed to have been accentuated by the father's absence during the war, by his having been told to play the role of the father while his father was away, and by the birth of the third child before the father's return. The feelings had been heightened by the competition with his two younger and more aggressive brothers. He seemed to identify closely with his chronically ill mother, seemed quite concerned about his mother's condition, and needed a great deal of reassurance. His temper tantrums and his aggression toward his mother were felt to be due partially to his rebellion against his own weakness and also due to his hatred of his brothers.

The father, who had been an only child, seemed to find it hard to understand the rivalry and jealousy among his children. When in clinic, he seemed to be lacking in imagination, to be less intelligent than the mother, and he seemed confused about his role as a father. He responded to the suggestion that he give more time and more privileges to the patient, and he seemed pleased at the resulting gradual improvement in the patient.

The following is an example of the three cases in this group in which the child did not benefit from clinic contact:

patient also seemed quite concerned about his mother's health. The mother felt that she had been stricter with the patient during her confinement, and that she had not been able to give him as much attention as before, but she did not notice any anxiety on the part of the patient when the third boy was born. A few months later the father returned, and the patient had a hard time adjusting to the fact that he no longer was to play the role of the father. He did not develop severe behavior problems, however, until just three months before clinic contact, when the mother was in the fourth month of her fourth pregnancy and was again being quite strict with the patient. At this point the patient began showing aggression toward his mother and stole several things from her.

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The following is an example of the three cases in this group in which the child did not benefit from clinic

contact:

The patient, a ten year old boy, was referred by the mother at the suggestion of a physician because of stealing worthless articles, lying, diurnal soiling, nocturnal enuresis (since he was six), disobedience, masturbation, and food finickiness. The patient felt that his mother did not want him, and the mother admitted that at the time of his birth neither she nor the father had wanted him. The mother and father were divorced when the patient was two, because the father was seriously delinquent, and the mother had never really cared for him. The mother and patient went to live with the maternal grandparents, and later when, during a serious illness the mother thought she might die, the patient was adopted by the maternal grandparents. When the patient was nine the mother married the patient's step-father who was in the service at the time, and one month before clinic contact went overseas. The mother, although seemingly intelligent and attractive, had some neurotic fears and spoke in unrealistically glowing terms of the patient's step-father. When he went overseas, she and the patient returned to the maternal grandparent's home. A maternal aunt was also living in the home, and the environment seemed dominated by women.

The patient seemed very fond of his step-father and his biggest wish was for his step-father's return. When first seen by the psychiatrist the patient seemed to be trying hard to make a good impression, and he appeared to be unwilling to discuss problems about which he was ashamed. He admitted arguing with his mother and expressed a great desire for men around the house. Despite the severity of his symptoms, the patient was not considered to be seriously disturbed. It was felt that he had been confused at having three "fathers" during his life, and it seemed that his present protests were against living with his mother and so many other women. The patient was able to verbalize his hostility against his mother, and it was felt that a more masculine person with whom the patient could identify would be of great help. It was also felt that work with the mother was needed to let her give the patient an opportunity to grow up in a masculine way. After the patient was seen four times, the mother found it impossible to return. She appeared to be fairly optimistic about the patient's future and fantasied with him about how life would be when the father returned.

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Thus in this group of twelve children, in most of the cases in which the patient had been present in the family before the father's period in the service, the patient had had problems, prior to the father's entering the service; due either to various degrees of marital conflict or to the immaturity and irresponsibility of one or both parents. Of importance in the basis of the child's problems seemed to be the fact that there had never been a very secure father-child relationship; however, the child seemed to be additionally upset by the various changes in the family situation which occurred at the time of the father's leaving, during his absence, or upon his return. In the majority of instances, the patient benefitted from clinic contact by: the mother's gain in insight and improvement in her ability to handle children; the use of outside resources such as summer camps and foster homes; the opportunity for contact with a substitute father at the clinic. The fact that the patient benefitted only slightly from clinic contact or not at all seemed to have been due to: the resistance of the parents to clinic contact; increasing environmental difficulties; the family moving not long after the beginning of clinic contact.

Part III

In the third sub-group, the patient seemed to have been affected not only by the father's movement but also by

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In the third sub-group, the patient seemed to have been affected not only by the father's movement but also by

the father-child relationship. There were five children in this group, one boy and four girls. In one family, two children were studied and treated at the clinic, and thus both were included in this study. The fathers of three of the children were in the service during the time of clinic contact; in one other case the father was discharged soon after the beginning of clinic contact; in the case of two of the children, the father was overseas during the time of clinic contact. The effects of the father's leaving, absence, and return were known in all five of the cases. In only one case was the father felt to have had a close relationship to the patient; in the other cases the father seemed to be immature or unstable. In three cases the family lived with relatives during the father's absence, but there was no indication in any of the cases that the patient had had a father substitute in the father's absence. In four cases the mother was described as insecure; however, the father's return did not seem to make the mother feel more secure. In two cases the patient had had various behavior problems before the father's period in the service. In all five cases, the patient seemed to benefit from clinic contact. The following are examples of this group:

The patient, an eleven year old boy, was referred because of poor school work, disobedience, sibling rivalry, and a withdrawn personality. The father had entered the service when the patient was ten after a bitter argument between the mother and father. The referring agency reported that the father was quite sadistic toward

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his family. The parents had lived apart for the first five years of the patient's life due to financial reasons and constant marital friction. The patient had never gotten along with his father and although there was a history of night vomiting until the patient was five, most of his problems seemed to have begun at the time the mother and father began living together, when the patient was five. The referring agency felt that some of the trouble was due to the fact that since the patient had had his mother to himself for five years, he was not attracted by the responsibilities and rewards of growing up and resented the attention his mother gave to his four younger siblings. He had failed to make up for the lost attention when he sought to gain it from his father. At the time he started to school, the youngest child was about to be born, and also the patient was handicapped by a visual defect which was discovered and corrected later on. Although the father had been very strict, the patient cried when his father left, when the patient was ten, and seemed to miss the few good times they had had together. While the father was away, the mother depended quite heavily upon the patient and gave him a good deal of responsibility. The patient was quite resentful of his four younger siblings all of whom slept in the same room of a crowded, inadequate house. The mother felt less able to handle the children in the father's absence and was ambivalent about the father's return.

The patient was seen regularly by the therapist for eight months and although from the very beginning he seemed to be an extremely passive and retiring child, after the second interview his marks went up. It was felt that in many ways he was fond of his father and was lonesome for him. However, when the father returned, soon after the beginning of clinic contact, the patient's marks dropped, and although he continued to assume a tremendous amount of responsibility for his siblings, he presented the picture of a pathetic, defeated, woe-begone individual. His repressions seemed so strong that it was hard to talk with him about anything other than superficial things. The results of a thematic apperception test indicated that the patient was over-controlled and that the father was probably the repressive influence. It was felt that although he was probably troubled by a repressive super-ego and guilt at his inferiority whenever he failed at anything, no pathology or serious maladjustment was present.

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Soon after the father's return he came to clinic and gave the impression of being quite domineering, strict, and sadistic, and it was felt that he seemed to feel very unsatisfied and inadequate, and that he was certainly taking it out on the family. The mother continued to be increasingly more depressed and seemed so involved in self pity that it was difficult for her to help the patient.

Gradually through treatment the patient became freer in behavior and expression and seemed less inhibited and more secure at the clinic and at home. His final school marks were a great improvement over the slump which occurred just after the father's return and it was felt that he would continue to make a fine adjustment and that further treatment was unnecessary. Because of the father's rejecting attitude and the crowded home situation the case was referred to another agency to make plans for placement and tutorial help, which both parents seemed willing to try.

Two sisters were referred; one, six and one-quarter years old, for vomiting and sibling rivalry; the other, eight years old, for temper tantrums and domination of the household. There had been much marital conflict. The mother had been hospitalized after the birth of the third and youngest child in the family, with a diagnosis of paranoia, when the younger patient was three and the older, five. During this time the three children were in foster homes. The father entered the service and was sent overseas when the younger patient was five and the older, seven. A few months later the mother was discharged from the hospital, and at the time of clinic contact she had set up a home for herself and her children. The older patient, who the mother felt, had always had problems, was felt by the psychiatrist to be anxious and deeply insecure. However, her hatred of her father seemed very close to the surface, and it was felt that due to the close relationship with her mother, she would probably make a successful adjustment. The younger patient, who had been the father's favorite, was felt to have been very definitely affected by her father's absence. After nine months of clinic contact the father returned, and the whole family seemed upset. The father favored the third and youngest child and paid no attention to the patients who seemed hurt and reacted by being quite aggressive. The father

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Soon after the father's return he seems to calm and gave the impression of being quite dominating, strict, and realistic, and it was felt that he seemed to feel very unattracted and inadequate, and that he was certainly taking it out on the family. The mother continued to be increasingly more depressed and seemed so involved in self pity that it was difficult for her to help the patient.

Gradually through treatment the patient became freer in behavior and expression and seemed less inhibited and more secure at the clinic and at home. His final school marks were a great improvement over the slump which occurred just after the father's return and it was felt that he would continue to make a fine adjustment and that further treatment was unnecessary. Because of the father's rejecting attitude and the crowded home situation the case was referred to another agency to make plans for placement and tutorial help, which both parents seemed willing to try.

Two sisters were referred; one, six and one-quarter years old, for vomiting and aiding rivalry; the other, eight years old, for temper tantrums and domination of the household. There had been much marital conflict. The mother had been hospitalized after the birth of the third and youngest child in the family, with a diagnosis of paranoia, when the younger patient was three and the older, five. During this time the three children were in foster homes. The father entered the service and was sent overseas when the younger patient was five and the older, seven. A few months later the mother was discharged from the hospital, and at the time of clinic contact she had set up a home for herself and her children. The older patient, who the mother felt, had always had problems, was felt by the psychiatrist to be anxious and deeply insecure. However, her hatred of her father seemed very close to the surface, and it was felt that due to the close relationship with her mother, she would probably make a successful adjustment. The younger patient, who had been the father's favorite, was felt to have been very definitely affected by her father's absence. After nine months of clinic contact the father returned, and the whole family seemed upset. The father favored the third and youngest child and paid no attention to the patients who seemed hurt and resented by being quite aggressive. The father

was felt to be very insecure and inconsistent, and it was felt that the patients were reacting to this. Later on when the mother developed tuberculosis and had to be hospitalized, although at first the patients had difficulty adjusting in the foster homes, when the foster mother was encouraged to give the younger patient more attention, and when the older patient changed from parochial to public school, there was improvement.

Thus in this group of cases, the children seemed to be reacting primarily to the father's movement and to the father-child relationship. Although their behavior was initiated by or intensified by the father's movement, the basis of their problems seemed to be, in all but one case, a poor relationship with an insecure and unstable father. In the remaining case, the patient was reacting to being deprived of the close father-child relationship. The patients benefitted from clinic contact by: the patient finding support and encouragement at the clinic; the mother's gain in security and understanding through clinic contact; the use of outside resources.

In the group of thirty-six children who seemed to have been affected by the disruptions in family life during the war, the child seemed to have responded to previous upsets in the child-parent relationship, due either to marital conflict, partial rejection by the mother, or to a lack of a very long or very secure relationship with the father. The father's movement seemed to intensify the patient's problems primarily because of:

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health; (1) the mother's loss of security and the resulting influence on the mother-child relationship; After the beginning of clinic (2) the loss of the father and the security he represented to the patient;

(3) the changes in the family situation which coincided with or were caused by the father's movement. Although the father's return did not immediately in every case bring security to the home, where the patient's problems had been partially due to the absence of security in the home while the father was away, the father's return contributed greatly to the eventual increase in stability in the home and the eventual improvement of the patient. Most of the patients seemed to have benefitted from clinic contact due mainly to:

(1) the patient finding a helpful, supportive relationship at the clinic;

(2) the mother being strengthened and gaining in insight and understanding through clinic contact;

(3) the use of outside resources, such as summer camps, foster homes, and tutorial help;

(4) the assistance the clinic provided in gaining the father's discharge.

In those cases in which the patient did not benefit from clinic contact, the main reasons seemed to be:

(1) the resistance of the parents to clinic contact;

(2) increasing environmental difficulties;

(3) the mother's or the patient's increasingly poor

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CHAPTER VI

(4) the family moving fairly soon after the beginning of clinic contact.

There were seven children, six boys and one girl, included in this study who were either never seen or were seen only once, by the psychiatrist, and who, therefore, were not thoroughly studied and treated at the Habit Clinic. However, from the little known about each child, it seemed to have been affected by the father's movement. Although the situations are similar to those pictured in the last chapter, they were not included there because they were known for such a short time at the Clinic. In only one case was the father in the service at the time of the beginning of clinic contact.

The following is an example of this group:

The patient, a four-year-old boy, was referred to the Clinic because of overly behavior, thumb sucking, attempts to harm his six-month-old sister, and fighting with children and adults. The patient's father had been overseas since a few months after the patient's birth, and had returned when the boy was two and one-half. While the father was away, the patient and his mother lived under crowded conditions with the maternal grandparents, and the mother worked part-time. During this time the patient was the pet of the household and was allowed to do exactly as he pleased. This happy state of affairs ended when the father came home, taking most of the mother's time and attention and being strict in discipline. Although things went smoothly for a while after the father's return, the problems soon developed.

Shortly after the father's return the mother became pregnant and increasingly ill.

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herself from the patient at the very time when he needed much reassurance and love from her. The family moved away from the grandparents' home at the time of the father's return, which was probably also a traumatic experience for the patient.

The picture was of a very rebellious, unhappy, angry little boy, who was somewhat fearful of his father and resentful of the baby, with two equally unhappy, angry and frustrated parents who were at swords' points with each other, at least in regard to the patient.

When in Clinic the father seemed like a rigid, domineering, precise kind of person who lacked understanding of the child's needs, although it was felt that he was sincerely anxious to remedy the situation, and realized at least partially that the patient resented his returning home and monopolizing the mother's attention, as well as the fact that the baby also took some of the attention once given to the patient. He also mentioned the fact that many people had told him that he was too strict with the patient.

The mother seemed to be sympathetic -- perhaps too much so -- toward the patient. It was felt that she was basically warm and instinctively would have handled the child wisely, but that she had become defensive, confused, and unsure of herself as a result of the father's attitude.

Since the family did not return to Clinic, the case was closed.

Finally, there were three cases in which, because of the shortage of information, it was impossible to determine the effect which the father's movement had had upon the patient's problems. The following case is an example:

A boy of eleven and one-half was referred because of lying, irregular stealing, nocturnal enuresis, and staying away from home until late at night. An illegitimate child, he had been in a foster home all of his life. The foster father had never been close to the patient. The foster brother and sister seemed to have been the important figures in the patient's life, and they had been in the service during the war. Although the dates of their period in the service were not known, they had returned before the beginning of clinic

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contact, and it was felt that their presence in the home was very helpful to the patient. At the time the case was closed, the patient's school work had improved, and he was no longer staying away from home. Thus it was felt that the return of one of the patient's several father figures had helped the patient. However, there was no information about when or why the patient's problems had originated.

Thus in this group of ten cases, although there were indications that the father's movement had had either a direct or an indirect effect upon the child, it is impossible, largely because of the lack of adequate information, to draw any conclusions.

The chief presenting problems of the children were: difficulties with school adjustment; poor sleeping habits; poor social adjustment; restlessness; enuresis and soiling; eating problems; masturbation; temper tantrums. As a whole, this group of sixty-six children seemed to be reacting to disruptions in family life and parent-child relationships. The number of boys who were referred because of reacting to these disruptions was more than twice as great as the number of girls.

As in other studies mentioned in Chapter III, this study indicated that in general the war intensified the stresses and problems of the family, and thus it played a part in the disruptions in family life and parent-child relationships. These cases present situations in which the child had already reacted with various behavior problems to marital conflict, partial rejection by the mother, or to lack of a very long or very secure relationship with the father.

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CHAPTER VII

SUMMARY AND CONCLUSIONS

The preceding evidence has attempted to describe the problems of the children of veterans who were referred to The Habit Clinic For Child Guidance, Incorporated, the causes of these problems, the influence of the servicemen upon the problems, and the effect which clinic contact had upon the situations. The chief presenting problems of the children were: difficulties with school adjustment; poor sleeping habits; poor social adjustment; restlessness; enuresis and soiling; eating problems; masturbation; temper tantrums. As a whole, this group of sixty-six children seemed to be reacting to disruptions in family life and parent-child relationships. The number of boys who were referred because of reacting to these disruptions was more than twice as great as the number of girls.

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The father's movement, that is, his leaving for the service, his absence from the home, and his return, seemed to have been one of the upsetting things to the home and to the child. However, the father's movement as such did not seem to have been the single cause of increased problems for the child.

Although in some cases the child seemed to have felt more secure in his relationship to his father than to his mother and seemed thus to have reacted to the loss of the father and the security he represented to the child, more frequently the child seemed to be reacting to the insecurity in the family which was in some way affected by the father's movement, either being caused by his movement or coinciding with it. In some cases, although the basis of the child's problems seemed to be partially in the fact that due to varying degrees of marital conflict previous to the father's entering the service, there had been much confusion in the child's identification with his father, the father's movement due to the war seemed additionally detrimental to the child, because it brought further disruptions in the child's identification with his father. In other cases, the child found insecurity in the home when during or due to the father's movement: the family moved; the family lived with relatives; the mother worked; a sibling was born.

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children in this study appeared to be reacting either primarily or partially to the various manifestations of insecurity on the part of the mother due to the father's movement. For these children the war affected not only the father-child relationship but also the mother-child relationship, and it is interesting to note that in this group of cases, where the effects of the father's return are known, his return usually made the mother more secure, to the benefit of the child. More than this, looking at the group of children as a whole, although the father's return did not immediately in every case bring security to the home, where the patient's problems had been partially due to the absence of security in the home while the father was away, the father's return contributed greatly to the eventual increase in stability in the home and the eventual improvement of the patient.

In over one-half of the cases in which the child's problems seemed to have been affected by the father's movement, the child benefitted from clinic contact due mainly to: the patient finding a helpful, supportive relationship at the clinic; the mother being strengthened and gaining in insight and understanding through clinic contact; the use of outside resources, such as summer camps, foster homes, and tutorial help; the assistance the clinic provided in gaining the father's discharge. In those cases in which the patient did not benefit from clinic contact, the main reasons

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seemed to be: the resistance of the parents to clinic contact; increasing environmental difficulties; the mother's or the patient's increasingly poor health; the family moving fairly soon after the beginning of clinic contact.

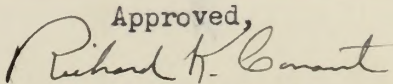
Thus, the findings of this study seem to be similar to those of others. As Emanuel Klein has said: "A war situation does not create anything essentially new; it merely builds up these more basic fears and anxieties and adds to them."¹ Although "physical removal of the father from his family brings with it psychological separation,"² we find that ". . . war does not affect the small child except as it disintegrates his home, changes his environment, separates him from his parents, or disturbs his parents' emotional reaction to him."³ Whether or not, as Therese Benedek has said, ". . . growing up in war has lasting effects upon the personality development of children. . ."⁴ it is impossible to tell from this study.

1 Emanuel Klein, "The Influence of Teachers' and Parents' Attitudes and Behavior Upon Children in War Time," Mental Hygiene, 16:439, July, 1942.

2 Hill, op. cit., p. 32.

3 Gerard, op. cit., p. 496.

4 Growing Up In A World At War, Institute of Psychoanalysis, Chicago, 1942. Cited in Benedek, op. cit., p. 232.

Approved,

 Richard K. Conant
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1 Emanuel Klein, "The Influence of Parents' and Parents' Attitudes and Behavior Upon Children in War Time," Mental Hygiene, 18:429, July, 1942.

2 Hill, op. cit., p. 32.

3 Gerard, op. cit., p. 486.

4 Growing Up in a World at War, Institute of Psychoanalysis, Chicago, 1942. Cited in Benedek, op. cit., p. 228.

TABLE VIII

DETAILED ANALYSIS OF DELINQUENCY OF SERVICEMEN REFERRED TO
THE HANIT CLINIC WHO ARE DISCUSSED IN CHAPTER IV

Age and sex of child	Father in service during child's infancy	Father discharged right after beginning of child's contact	Father not in service during time of child's contact	Father overseas while in service	Father overseas during time of child's contact	Marital conflict and/or broken home	Mother known due to father's movement	Child sleeping with mother while father in service	Mother working while father in service	Youngly moving while father in service	Travelling with relatives while father in service	Childing's birth coincided with father's movement	Child housed through relative contact	Attitude of father's system known	Index of father's service completely unknown
boy 1															
boy 2															
girl 3															
girl 4															
boy 5															
girl 6															
boy 7															
boy 8															
boy 9															
boy 10															
boy 11															
girl 12															
boy 13															
boy 14															
girl 15															
boy 16															
boy 17															
boy 18															
girl 19															
girl 20															
girl 21															
boy 22															
boy 23															
girl 24															
girl 25															
boy 26															
boy 27															
girl 28															
boy 29															
girl 30															

a. Father employed in Navy Yard near home.

TABLE VIII

DETAILED ANALYSIS OF CHILDREN OF SERVICEMEN REFERRED TO
THE HABIT CLINIC WHO ARE DISCUSSED IN CHAPTER IV

Age and sex of child	Father in service during clinic contact	Father discharged right after beginning of clinic contact	Father not in service during time of clinic contact	Father overseas when in service	Father overseas during time of clinic contact	Marital conflict and/or broken home	Mother insecure due to father's movement	Child sleeping with mother while father in service	Mother working while father in service	Family moving while father in service	Family living with relatives while father in service	Sibling's birth coincided with father's movement	Child benefited through clinic contact	Effects of father's return known	Dates of father's service completely unknown
boy 4			✓			✓					✓			✓	
boy 4															✓
girl 4 $\frac{1}{2}$			✓			✓			✓		✓			✓	
girl 4 $\frac{1}{2}$			✓											✓	
boy 4 $\frac{3}{4}$						✓									✓
girl 5			✓				✓				✓			✓	
boy 5			✓							✓			✓	✓	
boy 5 $\frac{1}{2}$			✓								✓			✓	
boy 6 $\frac{1}{2}$			✓			✓								✓	
girl 6 $\frac{1}{2}$	✓					✓									
boy 7 $\frac{1}{4}$			✓			✓			✓		✓			✓	
boy 7 $\frac{1}{4}$	✓												✓	✓	
boy 7 $\frac{1}{4}$	✓												✓	✓	
boy 7 $\frac{1}{3}$						✓			✓						✓
girl 7 $\frac{1}{3}$	a												✓		
girl 7 $\frac{1}{2}$	✓			✓	✓	✓							✓	✓	
girl 8			✓	✓							✓			✓	
boy 8			✓							✓			✓	✓	
boy 8 $\frac{1}{2}$			✓			✓	✓							✓	
girl 11			✓	✓		✓								✓	

a. Father employed in Navy Yard near home.

TABLE IX

DETAILED ANALYSIS OF CHILDREN OF SERVICEMEN REFERRED TO
THE HABIT CLINIC WHO ARE DISCUSSED IN CHAPTER V PART I

Age and sex of child	Father in service during clinic contact	Father discharged right after beginning of clinic contact	Father not in service during time of clinic contact	Father overseas when in service	Father overseas during time of clinic contact	Marital conflict and/or broken home	Mother insecure due to father's movement	Child sleeping with mother while father in service	Mother working while father in service	Family moving while father in service	Family living with relatives while father in service	Sibling's birth coincided with father's movement	Child benefited through clinic contact	Effects of father's return known
boy 5	✓			✓		✓	✓	✓						
girl 6	✓						✓		✓				✓	✓
boy 6 $\frac{1}{2}$	✓					✓	✓					✓	✓	✓
boy 6 $\frac{1}{2}$	✓						✓		✓					✓
boy 7	✓					✓	✓	✓	✓		✓		✓	✓
boy 9 $\frac{1}{2}$	✓					✓	✓							
boy 4	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
boy 4 $\frac{1}{2}$	✓			✓	✓		✓	✓	✓	✓	✓		✓	✓
boy 5 $\frac{1}{2}$	✓						✓	✓	✓	✓				✓
boy 6			✓			✓	✓	✓			✓	✓	✓	✓
boy 6 $\frac{1}{2}$	✓						✓							
boy 7			✓				✓			✓		✓	✓	✓
boy 7 $\frac{1}{4}$	✓			✓			✓						✓	✓
boy 8 $\frac{1}{2}$	✓						✓			✓			✓	
boy 9	✓					✓	✓							✓
boy 10			✓				✓				✓		✓	✓
girl 10		✓		✓		✓	✓			✓			✓	✓
girl 10	✓			✓	✓		✓		✓				✓	✓
girl 10		✓		✓			✓		✓		✓			✓

TABLE X

DETAILED ANALYSIS OF CHILDREN OF SERVICEMEN REFERRED TO
THE HABIT CLINIC WHO ARE DISCUSSED IN CHAPTER V PARTS II AND III

Age and sex of child	Father in service during clinic contact	Father discharged right after beginning of clinic contact	Father not in service during time of clinic contact	Father overseas when in service	Father overseas during time of clinic contact	Marital conflict and/or broken home	Mother insecure due to father's movement	Child sleeping with mother while father in service	Mother working while father in service	Family moving while father in service	Family living with rela- tives while father in service	Sibling's birth coincided with father's movement	Child benefited through clinic contact	Effects of father's return known
boy 4 $\frac{2}{3}$			✓	✓						✓	✓	✓	✓	✓
girl 5	✓			✓	✓	✓		✓		✓	✓		✓	
boy 5 $\frac{1}{2}$			✓	✓						✓	✓	✓		✓
boy 6 $\frac{1}{3}$	✓			✓	✓	✓			✓				✓	
boy 6 $\frac{1}{2}$			✓								✓	✓	✓	✓
girl 7			✓				✓		✓				✓	✓
boy 7 $\frac{1}{3}$	✓					✓	✓	✓	✓					✓
boy 7 $\frac{1}{2}$	✓			✓	✓	✓	✓	✓					✓	✓
boy 7 $\frac{2}{3}$	✓					✓	✓	✓					✓	✓
boy 9			✓	✓			✓					✓	✓	✓
boy 10	✓			✓	✓		✓				✓			
boy 10 $\frac{1}{2}$	✓			✓	✓	✓			✓				✓	✓
girl 4 $\frac{1}{2}$	✓					✓	✓	✓			✓		✓	✓
girl 5			✓							✓			✓	✓
girl 6 $\frac{1}{4}$	✓			✓	✓	✓	✓				✓	✓	✓	✓
girl 8	✓			✓	✓	✓	✓	✓			✓	✓	✓	✓
boy 11		✓				✓	✓						✓	✓

TABLE XI

DETAILED ANALYSIS OF CHILDREN OF SERVICEMEN REFERRED TO
THE HABIT CLINIC WHO ARE DISCUSSED IN CHAPTER VI

Age and sex of child	Father in service during clinic contact	Father discharged righter after beginning of clinic contact	Father not in service during time of clinic contact	Father overseas when in service	Father overseas during time of clinic contact	Marital conflict and/or broken home	Mother insecure due to father's movement	Child sleeping with mother while father in service	Mother working while father in service	Family moving while father in service	Family living with relatives while father in service	Sibling's birth coincided with father's movement	Child benefited through clinic contact	Effects of father's return known	Dates of father's service completely unknown
boy 4			✓	✓					✓		✓	✓		✓	
girl 6			✓			✓					✓			✓	
boy 6		✓				✓	✓			✓	✓	✓			
girl 6½			✓	✓					✓		✓		✓	✓	
boy 7			✓	✓					✓	✓	✓			✓	
boy 8½							✓			✓					✓
boy 10			✓				✓	✓						✓	
boy 10½	✓								✓						
boy 11½						✓							✓	✓	✓
girl 11½			✓			✓					✓		✓	✓	

VI. Relationship of Child and Father - Father's Attitude
 A - Before CHILDREN OF VETERANS

THESIS SCHEDULE

E. HILLES

Case No.

I. Birth Date

II. Dates Case Active

III. The Problem

A - What is it

B - How long been present

C - Did it end during clinic contact, was it modified, or was it worse or unchanged at end of clinic contact?

IV. Father's Period in Service-Overseas

A - Any relationship between his entering service and child's problem?

B - Any relationship between his return and child's problem?

V. If there is a relationship between father being in service or his return and child's problem, what is the nature of the relationship?

CHILDREN OF VETERANS

E. MILLER

THESE SCHEDULES

Case No.

I. Birth Date

II. Dates Case Active

III. The Problem
A - What is it

B - How long been present

C - Did it end during clinic contact, was it modified,
or was it worse or unchanged at end of clinic
contact?

IV. Father's Period in Service-Overseas

A - Any relationship between his entering service
and child's problem?

B - Any relationship between his return and child's
problem?

V. If there is a relationship between father being in
service or his return and child's problem, what is the
nature of the relationship?

VI. Relationship of Child and Father - Father's Attitude

A - Before Service

B - During Service

C - After Service

D - Information from mother, or was father in clinic?

VII. Patient's Attitude to Father

Patient's Attitude to Mother

VIII. Presence and Influence of Other Factors

A - Do other factors seem to be present in the situation?

Marital Friction

Presence of Relatives in Home

Mother Working

Sibling Rivalry

Neighborhood

Low I. Q.

Other

B - Relationship of any of these to patient's problem.

VI. Relationship of Child and Father - Father's Attitude
A - Before Service

B - During Service

C - After Service

D - Information from mother, or was father in clinic?

VII. Patient's Attitude to Father

Patient's Attitude to Mother

VIII. Presence and Influence of Other Factors
A - Do other factors seem to be present in the situation?

Mental Illness

Presence of relatives in home

Mother working

Sibling rivalry

Neighborhood

Low I.Q.

Other

B - Relationship of any of these to patient's problem.

C - Relationship of these to father's being in Service or return.

IX. Psychiatric Statement

Hale, Katherine, "Reflections of a War Situation on the Child Population - Health Needs of Children in Time of War," The News Letter of the American Association of Child Welfare Workers, 12:133-38, Summer, 1942.

X. Closing Summary

Bennett, Louis L., "Problems of Homecoming," Survey 8:150-151, October, 1942.

Bennett, Louis L., "Problems of Homecoming," Survey 8:150-151, October, 1942.

Bennett, Louis L., "Problems of Homecoming," Survey 8:150-151, October, 1942.

XI. Treatment Necessitated

Blough, Pearl Case, "The Salting Wife," Survey 8:150-151, October, 1942.

Buell, Bradley and Marion Robinson, "Whitney Family Life - A Study of Social Change," Survey 8:150-151, October, 1942.

Buell, Bradley and Marion Robinson, "Whitney Family Life - A Study of Social Change," Survey 8:150-151, October, 1942.

Burgess, Ernest W., "Frontier Problems of the Family, reprinted from Marriage and Family Living, 2:47-50, August, 1944.

Cross, Stella, "Psychology of Pre-Molested Children in Wartime - War Ideologies of Children," The American Journal of Orthopsychiatry, 12:100-109, July, 1942.

Clifton, Eleanor, "Some Psychological Aspects of the War - As Seen by the Social Worker," The Family, 24:113-120, June, 1943.

Cross, Stella, "Psychology of Pre-Molested Children in Wartime - War Ideologies of Children," The American Journal of Orthopsychiatry, 12:100-109, July, 1942.

Cross, Stella, "Psychology of Pre-Molested Children in Wartime - War Ideologies of Children," The American Journal of Orthopsychiatry, 12:100-109, July, 1942.

C - Relationship of these to father's being in
Service or return.

II. Psychiatric Statement

A. Closing Summary

II. Treatment Recommended

BIBLIOGRAPHY

- Abbott, Josephine D., "What of Youth in Wartime," Survey Midmonthly, 79:265-267, October, 1943.
- Bain, Katherine, "Reflections of a War Situation on the Child Population - Health Needs of Children in Time of War," The News Letter of the American Association of Psychiatric Social Workers, 12:32-35, Summer, 1942.
- Bender, Laurretta, and John Frosch, "Children's Reactions to the War," The American Journal of Orthopsychiatry, 12:571-586, October, 1942.
- Bennett, Louis L., "Problems of Homecoming," Survey Midmonthly, 80:246-248, September, 1944.
- Bernard, Viola W., "Mental Hygiene and Children in Wartime - Detection and Management of Emotional Disorders in Children," Mental Hygiene, 26:368-382, July, 1942.
- Blough, Pearl Case, "The Waiting Wife," Survey Midmonthly, 82:7-8, January, 1946.
- Buell, Bradley and Marion Robinson, "Whither Family Life - Shock Absorber of Social Change," Survey Midmonthly, 82:322-324, December, 1946.
- Buell, Bradley and Reginald Robinson, "From Veteran to Civilian," Survey Midmonthly, 81:302-305, November, 1945.
- Burgess, Ernest W., "Postwar Problems of the Family, reprinted from Marriage and Family Living, 6:47-50, August, 1944.
- Chess, Stella, "Psychology of Pre-Adolescent Children in Wartime - War Ideologies of Children," The American Journal of Orthopsychiatry, 13:505-509, July, 1943.
- Clifton, Eleanor, "Some Psychological Effects of the War - As Seen by the Social Worker," The Family, 24:123-128, June, 1943.
- Close, Kathryn, "While Mothers Work," Survey Midmonthly, 78:196-198, July, 1942.
- Danzig, David, "The Man Who Will Come Home," Survey Midmonthly, 81:38-40, February, 1945.

BIBLIOGRAPHY

- Abbott, Josephine B., "What of Youth in Wartime," Survey Midmonthly, 79:265-267, October, 1943.
- Bain, Katherine, "Reflections of a War Situation on the Child Population - Health Needs of Children in Time of War," The News Letter of the American Association of Psychiatric Social Workers, 12:52-55, Summer, 1942.
- Bender, Laurette, and John Broadbent, "Children's Reactions to the War," The American Journal of Orthopsychiatry, 12:251-266, October, 1942.
- Bennett, Louis B., "Problems of Homecoming," Survey Midmonthly, 80:246-248, September, 1944.
- Bernard, Viola W., "Mental Hygiene and Children in Wartime - Detection and Management of Emotional Disorders in Children," Mental Hygiene, 28:368-382, July, 1942.
- Bloom, Pearl Case, "The Waiting Wife," Survey Midmonthly, 82:7-8, January, 1946.
- Buell, Bradley and Marion Robinson, "Wartime Family Life - Shock Absorber of Social Change," Survey Midmonthly, 82:322-324, December, 1946.
- Buell, Bradley and Reginald Robinson, "From Veterans to Civilians," Survey Midmonthly, 81:302-303, November, 1945.
- Burgess, Ernest W., "Postwar Problems of the Family, re-printed from Marriage and Family Living, 2:47-50, August, 1944.
- Chees, Stella, "Psychology of Pre-Adolescent Children in Wartime - New Ideologies of Children," The American Journal of Orthopsychiatry, 12:302-309, July, 1942.
- Clifton, Eleanor, "Some Psychological Effects of the War - as seen by the social worker," The Family, 24:123-128, June, 1942.
- Globe, Kathryn, "While Mothers Work," Survey Midmonthly, 78:192-193, July, 1942.
- Gunnig, David, "The Man Who Will Come Home," Survey Midmonthly, 81:38-40, February, 1945.

- Davis, Anne E., "Clinical Experiences with Children in War-time," The Social Service Review, 17:170-174, June, 1943.
- Dukes, Ethel, "The Psychological Effects of War on the Family and Its Individual Members," The American Journal of Orthopsychiatry, 16:64-73, January, 1946.
- Field, Marshall, "Children and Manpower," Survey Midmonthly, 78:323-326, December, 1942.
- Gardner, George E., "The Family in a World at War," Mental Hygiene, 26:50-57, January, 1942.
- _____, "Child Behavior in a Nation at War," Mental Hygiene, 27:353-369, July, 1943.
- Gardner, George E., and Harvey Spencer, "Reactions of Children with Fathers and Brothers in the Armed Forces," The American Journal of Orthopsychiatry, 14:36-43, January, 1944.
- GeLeerd, Elizabeth R., "Psychiatric Care of Children in War-time," The American Journal of Orthopsychiatry, 12:587-593, October, 1942.
- Gerard, Margaret W., "Problems of a Wartime Society - The Modification of Pre-War Patterns - The Clinical Picture," The American Journal of Orthopsychiatry, 13:600-604, October, 1943.
- Griffith, Coleman R., "The Psychological Adjustments of Returned Service Men and Their Families," Marriage and Family Living, 6:65-68, November, 1944.
- Hanford, Jeanette, "Some Case Notes on the Impact of the War on Family Relationships," The Social Service Review, 17:354-361, September, 1943.
- Hill, Reuben, "The Returning Father and His Family," Marriage and Family Living, 7:31-34, May, 1945.
- Hoey, Jane M., "The Conservation of Family Values in Wartime," The Family, 24:43-49, April, 1943.
- Houwick, Eda, "Veterans Now and in the Future," Survey Mid-Monthly, 81:136-137, May, 1945.
- Igel, Amelia, "The Effect of War Separation on Father-Child Relations," The Family, 26:3-9, March, 1945.

- Davis, Anne E., "Clinical Experiences with Children in War-time," The Social Service Review, IV:170-174, June, 1943.
- Dokes, Ethel, "The Psychological Effects of War on the Family and its Individual Members," The American Journal of Orthopsychiatry, 13:64-73, January, 1943.
- Field, Marshall, "Children and Manpower," Survey (Monthly), 78:323-325, December, 1943.
- Gardner, George E., "The Family in a World at War," Mental Hygiene, 35:30-37, January, 1943.
- _____, "Child Behavior in a Nation at War," Mental Hygiene, 37:323-329, July, 1943.
- Gardner, George E., and Harvey Spencer, "Reactions of Children with Fathers and Brothers in the Armed Forces," The American Journal of Orthopsychiatry, 14:36-43, January, 1944.
- Gaillard, Elizabeth R., "Psychiatric Care of Children in War-time," The American Journal of Orthopsychiatry, 13:387-393, October, 1943.
- Gerard, Margaret W., "Problems of a Wartime Society - The Modification of Pre-War Patterns - The Clinical Picture," The American Journal of Orthopsychiatry, 13:600-604, October, 1943.
- Griffith, Coleman R., "The Psychological Adjustments of Returned Service Men and Their Families," Marriage and Family Living, 3:63-68, November, 1943.
- Hanford, Jeanette, "Some Case Notes on the Impact of the War on Family Relationships," The Social Service Review, 17:324-331, September, 1943.
- Hill, Reuben, "The Returning Father and His Family," Marriage and Family Living, 7:51-54, May, 1943.
- Hoey, Jane M., "The Conservation of Family Values in Wartime," The Family, 24:43-49, April, 1943.
- Houwick, Ede, "Veterans Now and in the Future," Survey (Monthly), 81:136-137, May, 1943.
- Igel, Amelia, "The Effect of War Separation on Father-Child Relations," The Family, 23:3-8, March, 1943.

- Johnson, Sterling, "The Effect of Selective Service on Selectees and Their Families," The Family, 23:173-176, July, 1942.
- Klein, Emanuel, "The Influence of Teachers' and Parents' Attitudes and Behavior upon Children in Wartime," Mental Hygiene, 16:434-445, July, 1942.
- Levy, David M., "The War and Family Life" - Report for the War Emergency Committee, 1944, The American Journal of Orthopsychiatry, 15:140-152, January, 1945.
- Lovell, Phyllis, "Protecting the Future Generation, The Family, 25:271-4, November, 1944.
- Lowry, Fern, "Case-work Practice as Affected by War Conditions," The Social Service Review, 16:630-640, December, 1942.
- MacDonald, Martha W., "Reflections of a War Situation on the Child Population - Reflections of War in the Adjustment of Children," The News-Letter of the American Association of Psychiatric Social Workers, 12:36-41, Summer, 1942.
- _____, "Psychology of Pre-Adolescent Children in Wartime - Security for Children in the World Today," The American Journal of Orthopsychiatry, 13:514-516, July, 1943.
- Menninger, Karl A., "Civilian Morale in Time of War and Preparation for War," Bulletin of the Menninger Clinic, 5:188-194, September, 1941.
- Miller, Milton L., "The Need for Psychological Reorientation in War Time," The News-Letter of the American Association of Psychiatric Social Workers, 12:20-27, Summer, 1942.
- Murphy, Lois Barclay, "Psychology of Pre-Adolescent Children in War Time - The Young Child's Experience in War-Time," The American Journal of Orthopsychiatry, 13:497-501, July, 1943.
- Nathan, Cynthia Rice, "Servicemen Face Discharge with Hope and Fear," The Family, 26:91-97, May, 1945.
- Peppard, S. Harcourt, "Mental Hygiene and Children in War Time - Introduction," Mental Hygiene, 26:353-368, July, 1942.
- Pratt, George K., "The Call of the Cradle," Mental Hygiene, 26:39-48, January, 1942.

Johnson, Sterling, "The Effect of Selective Service on
 Soldiers and Their Families," The Family, 33:173-175,
 July, 1942.

Klein, Emanuel, "The Influence of Teachers' and Parents'
 Attitudes and Behavior upon Children in Wartime,"
Mental Hygiene, 46:434-445, July, 1942.

Levy, David M., "The War and Family Life" - Report for the
 War Emergency Committee, 1944, The American Journal
 of Orthopsychiatry, 15:140-152, January, 1945.

Lovell, Evelyn, "Protecting the Future Generation, The
 Family," 25:271-4, November, 1944.

Lowy, Fern, "Case-work Practices as Affected by War Conditions,"
The Social Service Review, 18:630-640, December, 1943.

MacDonald, Martha M., "Reflections of a War Situation on the
 Child Population - Reflections of War in the Adjust-
 ment of Children," The News-Letter of the American
Association of Psychiatric Social Workers, 11:35-41,
 Summer, 1942.

"Psychology of Pre-Adolescent Children in Wartime -
 Security for Children in the World Today," The American
Journal of Orthopsychiatry, 15:514-516, July, 1945.

Manninger, Karl A., "Civilian Morale in Time of War and
 Preparation for War," Bulletin of the Manninger
Clinic, 5:188-194, September, 1941.

Miller, Milton L., "The Need for Psychological Reorientation
 in War Time," The News-Letter of the American
Association of Psychiatric Social Workers, 12:80-87,
 Summer, 1942.

Murphy, Lois Carolyn, "Psychology of Pre-Adolescent Children
 in War Time - The Young Child's Experience in War-
 Time," The American Journal of Orthopsychiatry,
 15:497-501, July, 1945.

Nathan, Cynthia Rice, "Servicemen Face Discharge with Hope
 and Fear," The Family, 33:91-97, May, 1945.

Papard, S. Harcourt, "Mental Hygiene and Children in War
 Time - Introduction," Mental Hygiene, 35:355-368,
 July, 1942.

Prest, George K., "The Call of the Gravel," Mental Hygiene,
 35:39-48, January, 1942.

- Rabinoff, Rose M., "While Their Men Are Away," Survey Mid-monthly, 81:110-113, April, 1945.
- Rantman, Arthur L., "Children of War Marriages," Survey Mid-monthly, 80:198-199, July, 1944.
- Romalis, Frieda, "The Impact of War on Family Life - Reactions to Change and Crises," The Family, 23:219-224, October, 1942.
- Rosenbaum, Milton, "Emotional Aspects of War Time Separations," The Family, 24:337-341, January, 1944.
- Ross, Helen, "Psychology of Pre-Adolescent Children in War Time - Emotional Forces in Children as Influenced by Current Events," The American Journal of Orthopsychiatry, 13:502-504, July, 1943.
- Thom, D. A., "The Psychiatric Aspects of Civilian Morale as Related to Children," Mental Hygiene, 25:529-538, October, 1941.
- Thomas, Dorothy V., "The Veteran as Seen in a Private Family Agency," The Family, 26:203-208, October, 1945.
- Thompson, Jean A., "Mental Hygiene and Children in War Time - Pre-School and Kindergarten Children in War Time," Mental Hygiene, 26:409-417, July, 1942.
- Towle, Charlotte, "The Effect of War upon Children," The Social Service Review, 17:144-158, June, 1943.
- Winsor, Max, "Psychology of Pre-Adolescent Children in War Time - Delinquency in War Time," The American Journal of Orthopsychiatry, 13:510-513, July, 1943.
- Young, Florence M., "Psychological Effects of War in Young Children," The American Journal of Orthopsychiatry, 17:500-509, July, 1947.
- Zitello, Adelaide K., "The Impact of War on Family Life - Mother-Son Relationships," The Family, 23:257-262, November, 1942.
- Zurfluh, Ruth, "The Impact of War on Family Life - Wartime Marriages and Love Affairs," The Family, 23:304-312, December, 1942.

77

Erlich, Ruth, "The Impact of War on Family Life - Wartime Marriages and Love Affairs," The Family, 23:304-312, December, 1945.

Atello, Adelaide K., "The Impact of War on Family Life - Mother-Son Relationships," The Family, 23:257-262, November, 1945.

Young, Florence M., "Psychological Effects of War in Young Children," The American Journal of Orthopsychiatry, 17:300-302, July, 1947.

Winnicott, Rex, "Psychology of Pre-Adolescent Children in War Time - Delinquency in War Time," The American Journal of Orthopsychiatry, 15:510-513, July, 1945.

Towle, Charlotte, "The Effect of War upon Children," The Social Service Review, 17:144-158, June, 1943.

Thompson, Jean A., "Mental Hygiene and Children in War Time - Pre-School and Kindergarten Children in War Time," Mental Hygiene, 28:409-417, July, 1942.

Thomas, Dorothy V., "The Veteran as Seen in a Private Family Agency," The Family, 23:203-208, October, 1945.

Thom, D. A., "The Psychiatric Aspects of Civilian Morale as Related to Children," Mental Hygiene, 23:627-632, October, 1941.

Ross, Helen, "Psychology of Pre-Adolescent Children in War Time - Emotional Forces in Children as Influenced by Current Events," The American Journal of Orthopsychiatry, 15:503-504, July, 1945.

Rosenbaum, Milton, "Emotional Aspects of War Time Separations," The Family, 24:337-341, January, 1944.

Romelle, Frieda, "The Impact of War on Family Life - Relations to Children and Grandchildren," The Family, 23:219-224, October, 1942.

Rantman, Arthur L., "Children of War Marriages," Survey Mid-monthly, 80:198-199, July, 1944.

Rabinoff, Rose M., "While Their Men Are Away," Survey Mid-monthly, 81:110-112, April, 1943.

BOOKS

Benedek, Therese, Insight and Personality Adjustment - A Study of the Psychological Effects of War. New York: The Ronald Press Company, 1946.

Dumas, Alexander, and Grace Keen, A Psychiatric Primer for the Veteran's Family and Friends. Minneapolis: University of Minnesota Press, 1945.

Freud, Anna, and Dorothy T. Burlingham, War and Children. New York: New York Medical War Books, 1943.

Gillespie, R. D., Psychological Effects of War on Citizen and Soldier. New York: W. W. Norton and Company, 1942. pp. 62-65; 111-119; 139-157; 209-234.

Menninger, William C., Psychiatry in a Troubled World - Yesterday's War and Today's Challenge. New York: The MacMillan Company, 1948. pp. 351-409.

Wolf, Anna W., Our Children Face War. Boston: Houghton Mifflin Company, 1942.

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